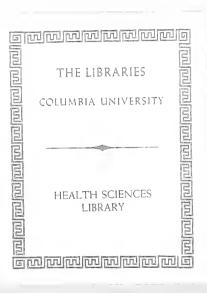
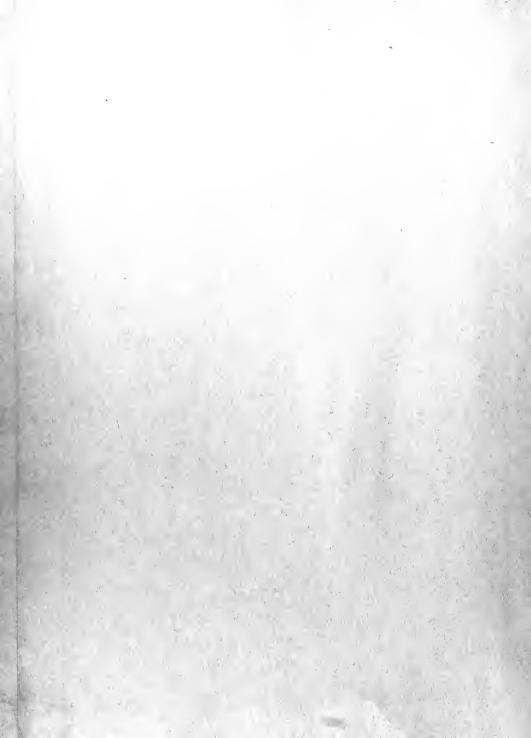


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AN ATLAS

OF

HUMAN ANATOMY

FOR STUDENTS AND PHYSICIANS

BY

CARL TOLDT, M.D.

ASSISTED BY

PROFESSOR ALOIS DALLA ROSA, M.D.

Adapted to English and American and International Terminology

BA

M. EDEN PAUL, M.D. BRUX., M.R.C.S., L.R.C.P.

THIRD SECTION

D. MYOLOGY

(FIGURES 490 TO 640 AND INDEX)

REVISED EDITION



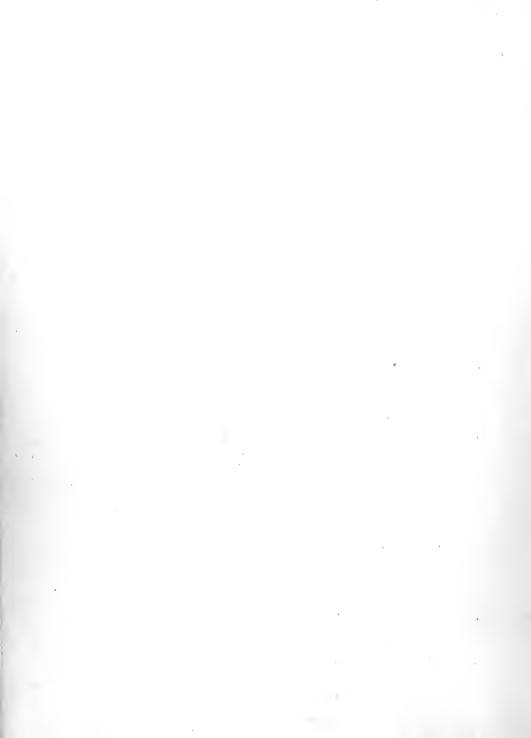
NEW YORK

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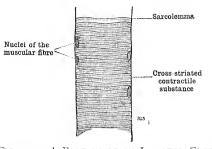


Fig. 490.—A Portion of an Isolated Crossstriated Muscular Fibre.

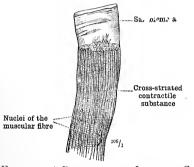


Fig. 491.—A Portion of an Isolated Crossstriated Muscular Fibre in which for a Short Distance the Contractile Substance has been removed from the Sarcolemma.

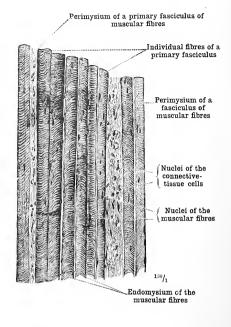


FIG. 492.—FASCICULUS OF MUSCULAR FIBRES FROM A LONGITUDINAL SECTION OF THE HUMAN SARTORIUS MUSCLE, HARDENED IN PICRIC ACID SOLUTION.

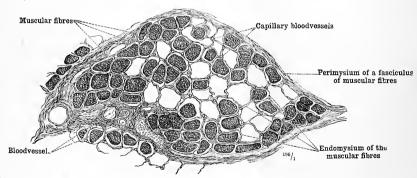


FIG. 493.—FASCICULI OF MUSCULAR FIBRES IN TRANSVERSE SECTION. SOME OF THE FASCICULI HAVE FALLEN OUT OF THE SECTION. IN THE PERIMYSIUM OF THE FASCICULI NUMEROUS CAPILLARY BLOODVESSELS ARE SEEN IN TRANSVERSE SECTION. (FROM A TRANSVERSE SECTION OF THE HUMAN SARTORIUS MUSCLE, HARDENED IN PICRIC ACID SOLUTION AND ALCOHOL.)

Elementary Constituents and Structure of Muscle.

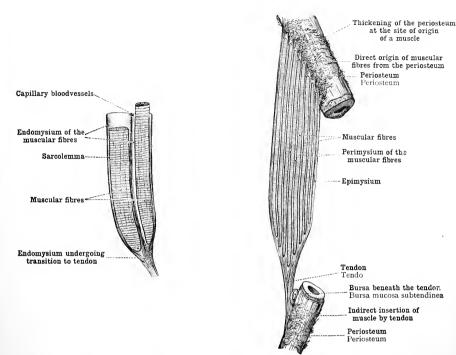


FIG. 494.—DIAGRAMMATIC REPRESENTATION OF THE RELATION OF THE MUSCULAR FIBRES TO THE ENDOMYSIUM.

Fig. 495.—Diagrammatic Representation of the Relation of the Perimysium to the Origin and the Insertion of the Muscle (the Insertion in this Case being by Tendon).

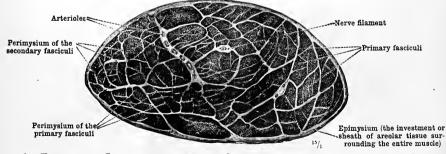
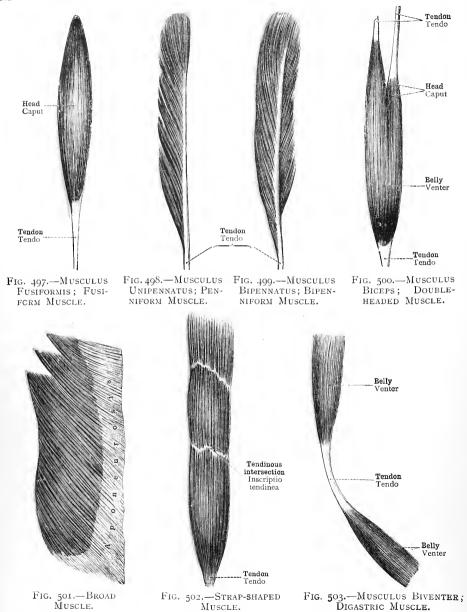


FIG. 496.—TRANSVERSE SECTION THROUGH THE SARTORIUS MUSCLE OF A NEW-BORN INFANT, SHOWING THE PRIMARY AND SECONDARY FASCICULI OF MUSCULAR FIBRES.

Structure of Muscle.



The Principal Muscular Forms.

Muscle.

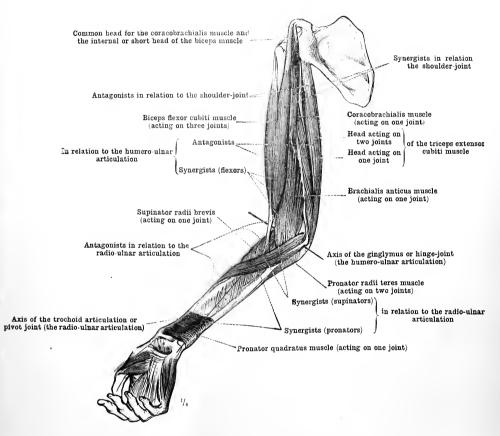


FIG. 504.—THE MUSCLES OF THE ARM AND THE PRONATOR AND SUPINATOR MUSCLES OF THE FOREARM AS EXAMPLES OF THE RELATION OF VARIOUS MUSCLES TO ONE OR SEVERAL JOINTS, AND ALSO OF THE SYNERGISTIC OR ANTAGONISTIC ACTION OF MUSCLES IN RELATION TO A PARTICULAR JOINT.

Relation of the Muscles to the Joints.

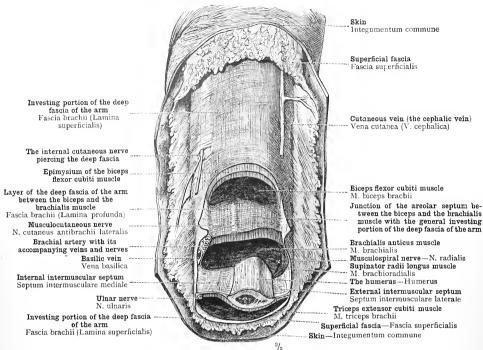


FIG. 505.—APONEUROSIS OR FASCIA. THE RELATION OF THE DEEP FASCIA TO THE VARIOUS GROUPS OF MUSCLES AND TO THE BONE. THE INTERMUSCULAR SEPTA, THE SUPERFICIAL FASCIA. (FASCIA OF THE RIGHT ARM.)

The individual muscles with their investing fascia in the lower third of the arm have been divided transversely at varying levels.

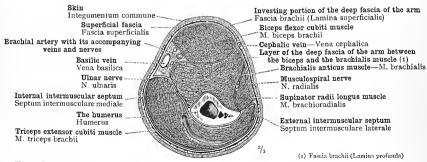
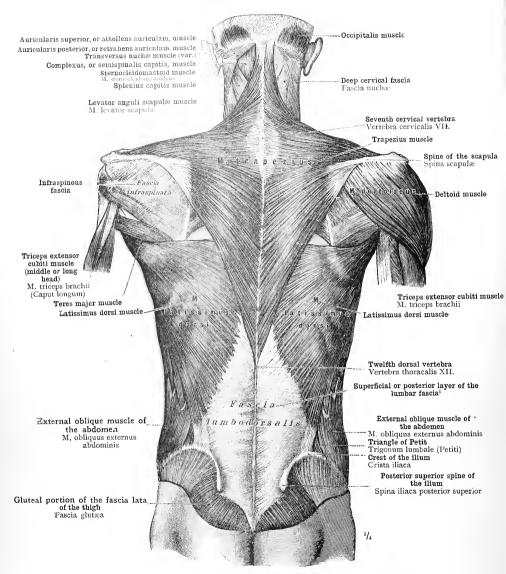


Fig. 506.—The Grouping of the Muscles of the Arm, and the Relation of these Muscles to the Deep Fascia. (Transverse Section through the Right Upper Arm in the Neighbourhood of its Distal Extremity; Proximal Cut Surface. Semi-Diagrammatic.)

Aponeurosis or Fascia.

MUSCULI TRUNCI THE MUSCLES OF THE TRUNK



¹ See notes to pp. 267 and 285 for an account of the different portions of the lumbar fascia.

Fig. 507.—First (Superficial) Layer of the Muscles of the Back (Wide Muscles of the Back): the Trapezius Muscle (Cucullaris); the Latissimus Dorsi Muscle. Superficial or Posterior Layer of the Lumbar Fascia.

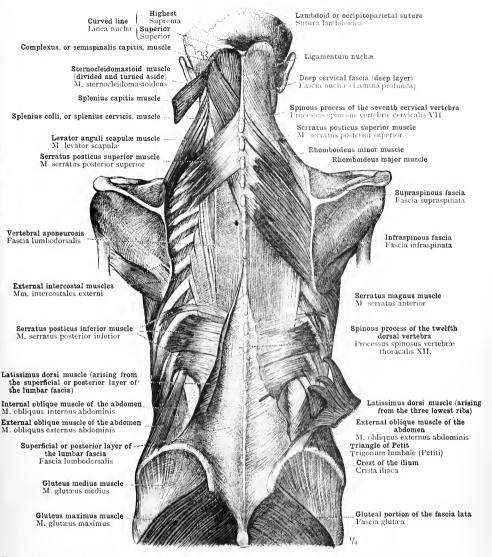
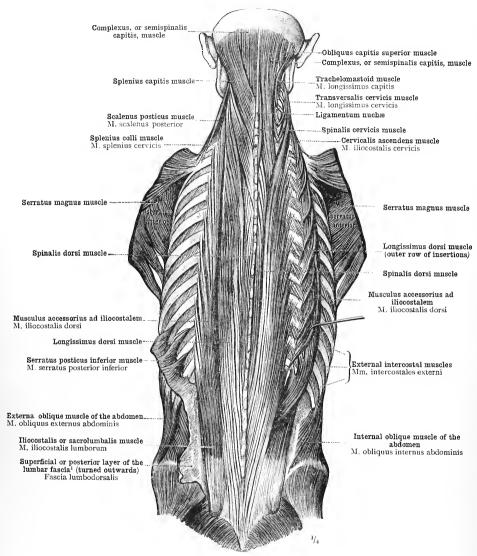


Fig. 508.—Second Layer of the Muscles of the Back (Wide Muscles of the Back), shown by the Removal of the Latissimus Dorsi and the Trapezius Muscles; on the Left Side, the Rhomboideus Major and Rhomboideus Minor Muscles have also been removed.

The muscles of the second layer are: Rhomboideus major, rhomboideus minor, serratus posticus superior, serratus posticus inferior, and levator anguli scapule. The superficial or posterior layer of the lumbar fascia, by means of which the latissimus dorsi and the serratus posticus inferior muscles are attached to the spines of the vertebre, and the vertebral aponeurosis, are also shown.

¹ The name of lumbar fascia is by some anatomists restricted to the deeper Layers of this structure (see note to p. 285), and what we here call the superficial or posterior layer of the lumbar fascia is in that case either regarded as the lower pertian of the vertebral aboneurous (with which it is cominuous), or else is termed the aboneurous of the latistance does in mache—1 to.

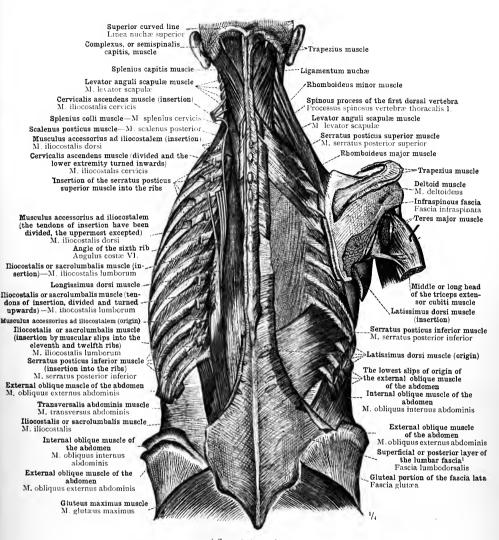


1 See note to p. 267.

Fig. 509.—Third Layer of the Muscles of the Back (Long Muscles of the Back), shown by the Removal of the First and Second Layers of Muscles and of the Superficial or Posterior Layer of the Lumbar Fascia and the Vertebral Aponeurosis; on the Right Side the Musculus Accessorius ad Iliocostalem has been drawn Outwards.

The muscles of the third layer are: The erector spinæ, consisting of the iliocostalis (sacrolumbalis) and the longissimus dorsi, with their prolongations upwards—accessorius, spinalis, and splenius muscles.

Musculi dorsi-Muscles of the back.



See note to p. 267.

FIG. 510.—THE DIVISIONS OF THE ILIOCOSTALIS OR SACROLUMBALIS MUSCLE AND ITS ACCESSORY SLIPS OF ORIGIN, SHOWN BY THE REMOVAL OF PORTIONS OF THE MUSCLE. THE LEVATOR ANGULI SCAPULÆ, THE SPLENIUS CAPITIS, AND THE SPLENIUS COLLI MUSCLES. THE SERRATUS POSTICUS SUPERIOR AND THE SERRATUS POSTICUS INFERIOR MUSCLES.

The last-named muscle has, in respect of the width of its slips of insertion, a very different appearance from that shown in Fig. 508.

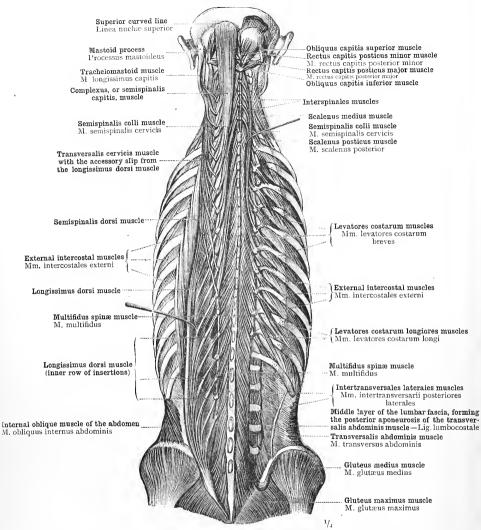


FIG. 511.—FOURTH LAYER OF THE MUSCLES OF THE BACK (LONG MUSCLES OF THE BACK); ON THE LEFT SIDE THE LONGISSIMUS DORSI AND THE TRANSVERSALIS CERVICIS HAVE BEEN DRAWN OUTWARDS, SHOWING THE CONNEXION BETWEEN THE TWO, AND THEIR ATTACHMENTS TO THE TRANSVERSE PROCESSES OF THE VERTEBRÆ; ON THE RIGHT SIDE THE ERECTOR SPINÆ MUSCLE HAS BEEN ENTIRELY REMOVED; THE SEMISPINALIS DORSI, SEMISPINALIS CAPITIS (COMPLEXUS), AND THE MULTIFIDUS SPINÆ MUSCLES MAKE UP THE FOURTH LAYER.

Regarding the insertion of the longissimus dorsi muscle into the lumbar vertebræ and the elventh and twelfth ribs, see also Fig. 593.

Musculi dorsi-Muscles of the back.

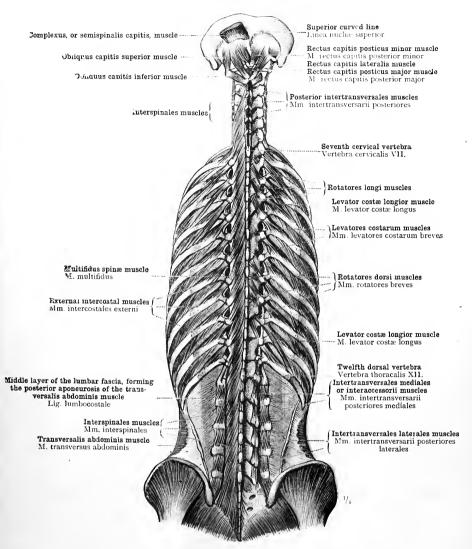


FIG. 512.—FIFTH (DEEPEST) LAYER OF THE MUSCLES OF THE BACK (SHORT MUSCLES OF THE BACK): ROTATORES LONGI, ROTATORES DORSI; INTERSPINALES; INTERTRANSVERSALES; LEVATORES COSTARUM.

The short posterior craniovertebral or subjectipital muscles also belong to the fifth layer of the muscles of the back.

Musculi dorsi-Muscles of the back.

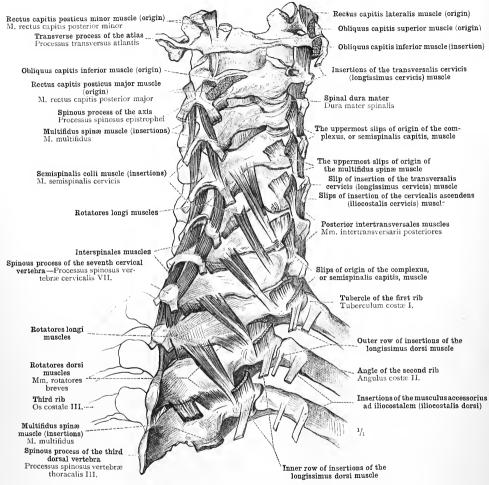


Fig. 513.—Origin and Insertion of the Long and the Short Muscles of the Back in the Cervical and Upper Dorsal Region. Origin of the Short Posterior Craniovertebral or Suboccipital Muscles. Interspinales Muscles. Posterior Intertransversales Muscles. Rotatores Longi and Rotatores Dorsi Muscles.

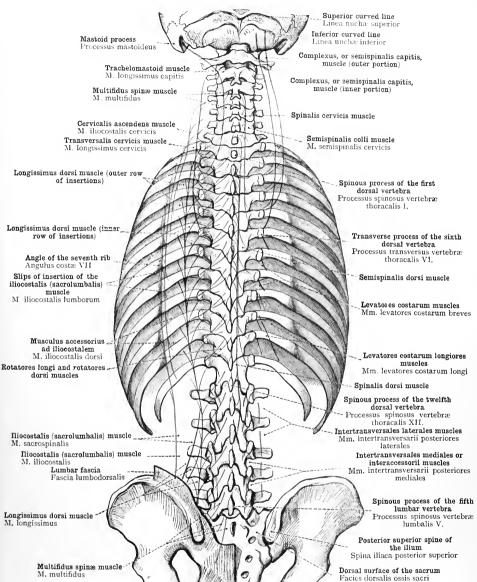


Fig. 514.—Diagram showing the Origins and Insertions of the Long and the Short Muscles of the Back.

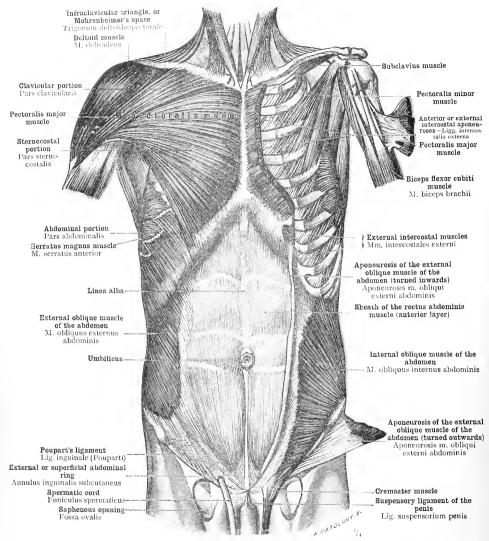
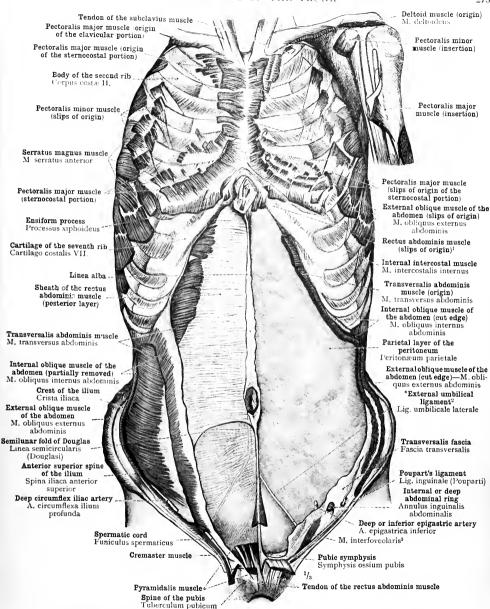


Fig. 515.—The Thoracic and Aedominal Muscles are shown, on the Right Side the most Superficial Layer, and on the Left Side the Layer immediately beneath this. Pectoralis Major and Pectoralis Minor Muscles; Subclavius Muscle; External and Internal Oblique Muscles of the Aedomen.

Musculi thoracis et abdominis-Muscles of the thorax and abdomen.



¹ By English anatomists the inferior or pubic attachment of the rectus abdominis is regarded as the origin of that muscle, and the superior or costal attachment as its intertion.—Th.

² See pages 386 and 387.

³ A small bundle of muscular fibres in the posterior wall of the inguinal canal, running parallel with, but internal to, the spermatic cord, and anterior or superficial to that portion of the conjoined tendon known as the ligamentum interforcedure or ligament of Hasselbach. This muscular slip is described neither by Quain nor by Macalister. It is figured on a larger scale on p. 385, Section III., of the present work.—The.

Fig. 516.—Origins and insertions of the Thoracic and Abdominal Muscles.

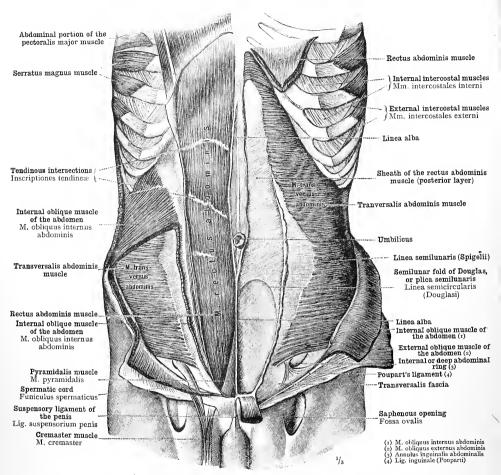


Fig. 517.—The Arrangement in Layers of the Abdominal Muscles as displayed by Partial Removal of the Superficial Layers. The Rectus Abdominis Muscle of the Left Side having been cut away, the Posterior Layer of the Sheath of that Muscle is exposed. Rectus Abdominis Muscle; Pyramidalis Muscle.

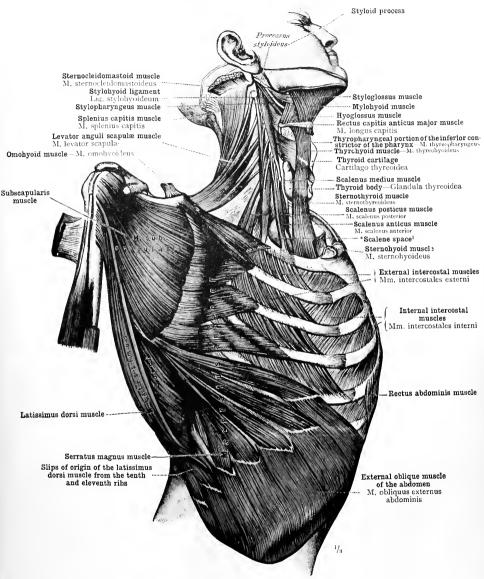


Fig. 518.—Serratus Magnus Muscle. Latissimus Dorsi and Subscapularis Muscle. The Three Scalene Muscles and the *Scalene Space. Levator Anguli Scapulæ Muscle.

This is a triangular space, the base of which is formed by the upper surface of the first rib, the anterior wall by the scalenus anticus muscle, and the posterior wall by the scalenus medius muscle. It is occupied by the brachial plexus and the second part of the subclavian artery.—Tu.

Musculi thoracis-Muscles of the thorax.

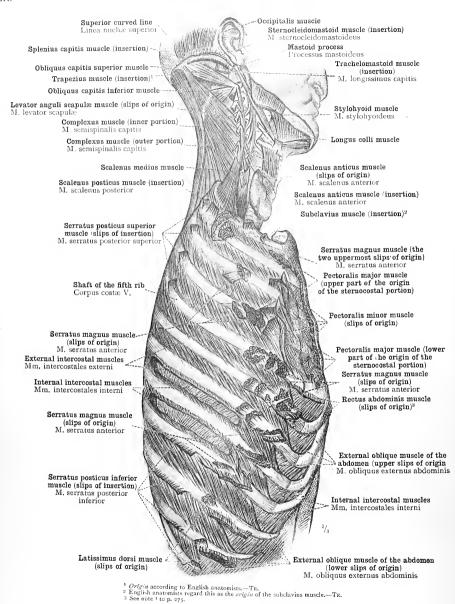


Fig. 519.—Origins and Insertions of the Muscles on the Anterior and Lateral Walls of the Thorax. Seen from the Right Side.

Musculi thoracis et abdominis-Muscles of the thorax and abdomen.

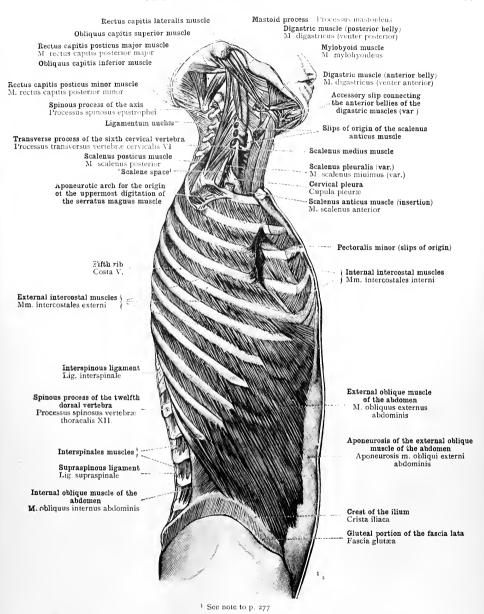


FIG. 520.—MUSCULI INTERCOSTALES EXTERNI, THE EXTERNAL INTERCOSTAL MUSCLES; MUSCULUS OBLIQUUS EXTERNUS ABROMINIS, THE EXTERNAL OBLIQUE MUSCLE OF THE ABDOMEN; THE SCALENE MUSCLES, WITH THE ANOMALOUS SCALENUS MINIMUS OR SCALENUS PLEURALIS.

Musculi thoracis et abdominis-Muscles of the thorax and abdomen.

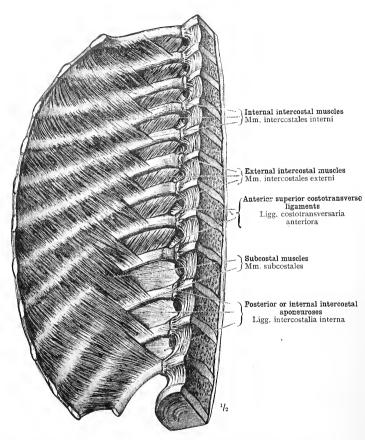


Fig. 521.—The Muscles on the Inner Surface of the Lateral Wall of the Thorax, shown on the Right Side of the Body, the Diaphragm having been removed:

Musculi Intercostales Intern Internal Intercostal Muscles; Musculi Subcostales, Subcostal Muscles.

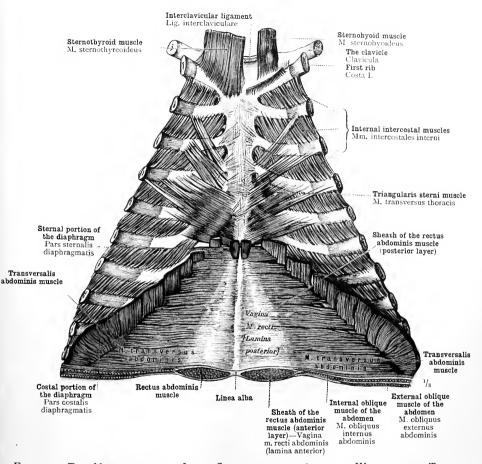


Fig. 522.—The Muscles on the Inner Surface of the Anterior Wall of the Thorax.

The slips of origin of the diaphragm from the costal cartilages and the ensiform process have been retained, in order to show their relation to the slips of origin of the transversalis abdominis muscle. The anterior wall of the abdomen has been divided horizontally at the level of the anterior extremities of the tenth pair of ribs to show the relation of the anterior aponeuroses of the external oblique, internal oblique, and transversalis muscles of the adomen to the sheath of the re-tus muscle, and to display the two layers of this sheath. The transversus thoracis or triangularis sterni muscle and the origins of the sternohyoid and sternothyroid muscles are also shown.

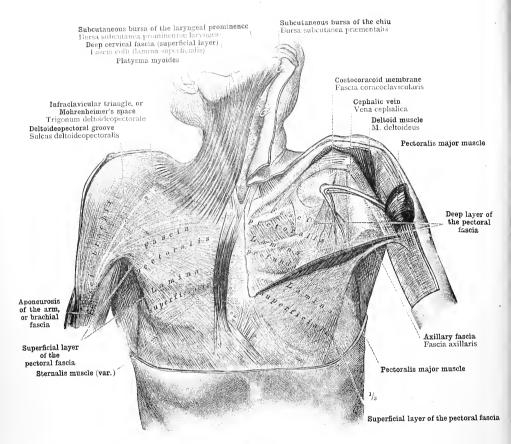


Fig. 523—The Fascia of the Anterior Wall of the Thorax, Fascia Pectoralis, the Pectoral Fascia, and its Connexions with the Fascie of the Adjoining Regions of the Body. The Anomalous Sternalis Muscle.

On the right side of the body, the skin and the superficial fascia having been removed, the superficial layer of the pectoral fascia is displayed, and its continuity with the aponeurosis of the arm is shown; on the left side, the greater part of the pectoralis major muscle has been removed, in order to display the deep layer of the pectoral fascia, with its specialized band the costocoracoid membrane, and to show the continuity of this deep layer with the axillary fascia.

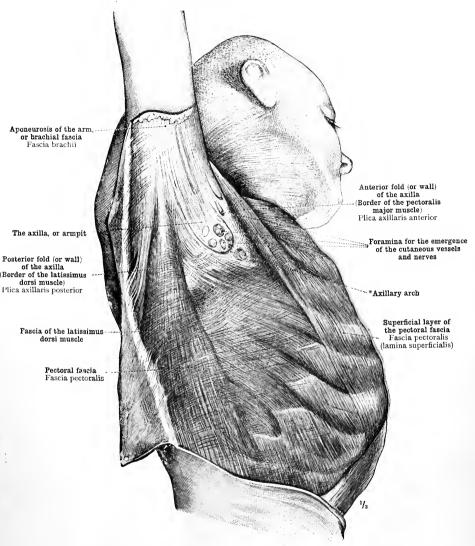


Fig. 524.—The Axilla with the Anterior and Posterior Axillary Folds, Plica Axillaris Anterior et Plica Axillaris Posterior. Fascia Axillaris, the Axillary Fascia, with the *Axillary Arch of Langer.

The axillary fascia forms the base or inferior boundary of the axillary fossa. The cutaneous vessels and nerves have been removed.

Musculi thoracis-Muscles of the thorax.

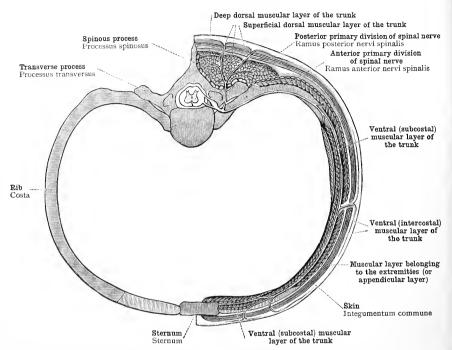
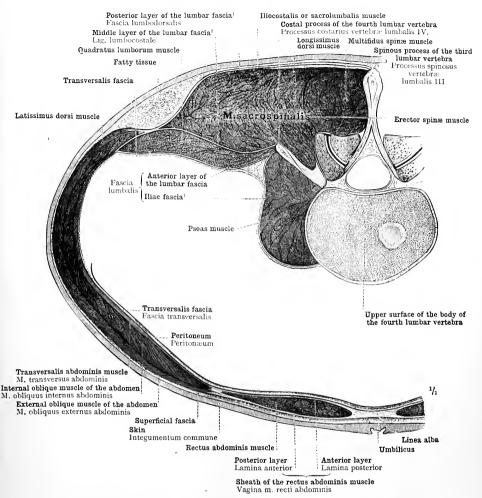


Fig. 525.—Diagrammatic Representation of the Muscles of the Trunk and of the Distribution of the Segmental Nerves by which they are supplied, shown in a Thoracic Segment.

NOTE

A brief explanation of this diagram seems needful, in the interest of students who have not made a special study of comparative anatomy. The muscles are grouped, first of all, into dorsal and ventral, the former being supplied by the posterior and the latter by the anterior primary divisions, respectively, of the spinal nerves. The dorsal muscles form the great mass lying chiefly in the hollow between the spinous processes and the angles of the ribs. They are classed in two groups—superficial and deep. These need not be further considered. The ventral muscles are shown to be arranged in three layers. In the abdominal region these are represented by three actual muscles, to name them from within outwards: the transversalis, the internal oblique, and the external oblique. Continuous with the deepest of these, the transversalis, for the purposes of this classification, are the triangularis sterni, the subcostals, the sternal and costal portions of the diaphragm and part of the levator ani—these form the subcostal layer. Continuous with the external oblique are all the muscles connecting the scapula with the trunk, viz.: the trapezius, levator anguli scapule, serratus magnus, and rhomboidei muscles, also the latissimus dorsi, the pectorals, the sternocleidomastoid, and the superficial perineal muscles—these constitute what may be called the appendicular layer. There is finally a more superficial layers till (not shown in the figure), superficial indeed to the deep fascia, corresponding to the panniculosus carnosus of lower manumals, but represented in man only by the platysma myoides, the occipitofrontalis, and the muscles of the ear and face.—The

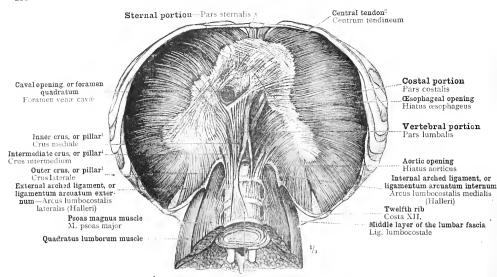


In connexion with this figure, an account of the differences between the author's nomenclature of the fascia or the back and addomen and the nomenclature commonly employed by English authors is not an experience of the property of the pro

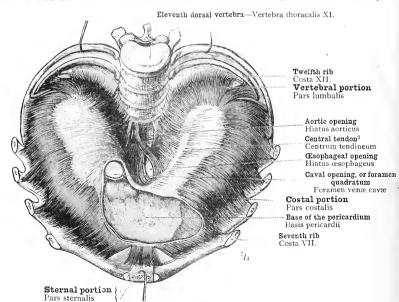
FIG. 526.—THE STRATIFICATION OF THE MUSCLES OF THE TRUNK AND OF THEIR ASSOCIATED FASCIÆ, DISPLAYED IN A HORIZONTAL SECTION OF THE RIGHT HALF OF THE BODY-WALL. THE CONNEXIONS BETWEEN THE ANTERIOR

APONEUROSES OF THE WIDE MUSCLES OF THE ABDOMEN AND THE SHEATH OF THE RECTUS ARE SHOWN.

The section was made in a frozen body at the level of the navel, and passed posteriorly through the intervertebral disc
between the third and fourth lumbar vertebrae.



Fourth lumbar vertebra—Vertebra lumbalis IV.
Fig. 527.—View of the Diaphragm with its Crura from Below. (Abdominal Aspect.)



¹ The crura, or pillars, of the diaphragm described by English anatomists are two only in number, a longer right crus and a shorter left crus. Each of these is composed of all the fibres passing from the right and left sides, respectively, of the bodies of the lumbar vertebra and the intervertebral discs to the central tendon. Thus, the crus of English authors corresponds to combined inner crus and intermediate crus of Toldt; while the outer crus of the latter is in England not considered to belong to the crural portions of the diaphragm.

 $-T_R$. 2 Called also the *trefoil* or *cordiform tendon* of the diaphragm. $-T_R$.

Fig. 528.—View of the Diaphragm from Above, with the Basal Portion of the Pericardium. (Thoracic Aspect.)

Diaphragma-The diaphragm, or midriff.

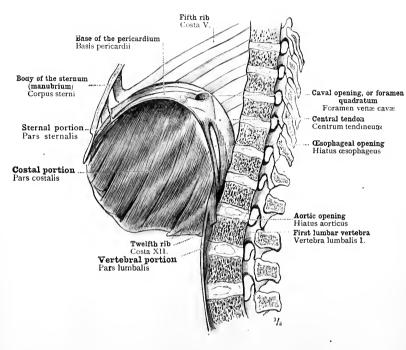


Fig. 529.—The Diaphragm in Median-Sagittal Section, the Right Half seen from Within. Drawn from a Dry Preparation.

The abdominal surface of the diaphragm was first cleaned by dissection and then given a coating of liquid plaster of Paris. When this had been allowed to harden, the thoracic surface of the muscle was exposed and similarly coated with plaster of Paris. In this manner the natural shape was as far as possible preserved.

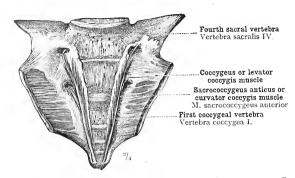


Fig. 530.—Musculus Sacrococcygeus Anterior, Sacrococcygeus Anticus or Curvator Coccygis Muscle.

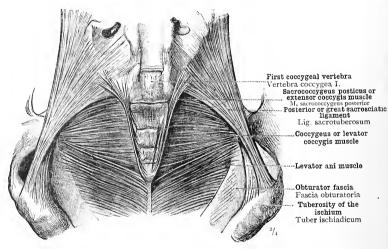
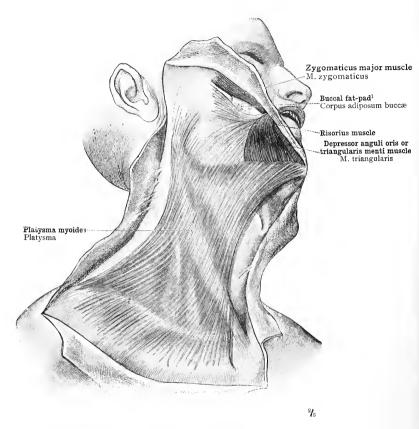


Fig. 531.—Musculus Sacrococcygeus Posterior, Sacrococcygeus Posticus or Extensor Coccygis Muscle; Coccygeus or Levator Coccygis Muscle.

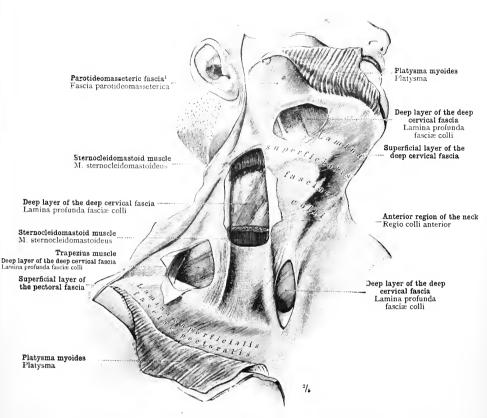
MUSCULI COLLI ET CAPITIS THE MUSCLES OF THE HEAD AND NECK



Sometimes, but inappropriately, named the sucking-pad,--- TR

FIG. 532.—THE PLATYSMA MYOIDES OF THE RIGHT SIDE.

Musculi colli-Muscles of the neck.



¹ In England, the portion of the deep cervical fascia covering the parotid gland is usually distinguished as the farotid fascia; that covering the masseter muscle, as the masseteric fascia.—TR.

Fig. 533.—Fascia Colli, the Deep Cervical Fascia, displayed on the Right Side of the Neck by the Removal of the Platysma Myoides.

In those places in which the deep layer of the fascia is clearly differentiated from the superficial layer, the latter has been partially removed. The submaxillary gland has been taken away, and the middle portion of the sternocleidomastoid muscle has been cut out, to lay bare in each case the deep layer of the fascia; between the cut ends of the sternocleidomastoid, and between the lower portion of this muscle and the trapezius, the anterior and posterior bellies respectively of the omohyoid muscle are visible beneath the deep layer of the fascia.

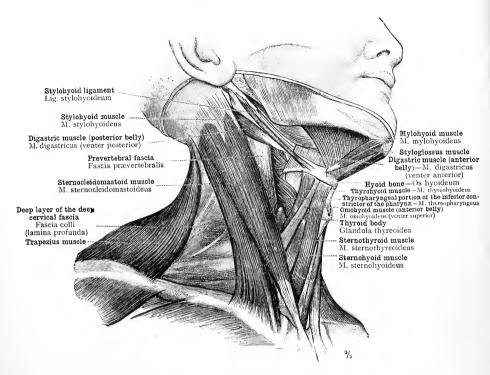


Fig. 534.—The Muscles of the Front of the Neck, shown on the Right Side of the Body. M. Sternocleidomastoideus, Sternocleidomastoid Muscle; M. Digastricus, Digastric Muscle; the Relations of the Latter to the Stylohyoid and Mylohyoid Muscles. Portions of the Muscles arising from the Styloid Process, of the Lower Muscles of the Tongue, and of the Trapezius Muscle, are displayed.

In the preparation of the muscles both the superficial and the deep layers of the deep cervical fascia have been removed, except in the posterior triangle of the neck, where the deep layer has been left intact.

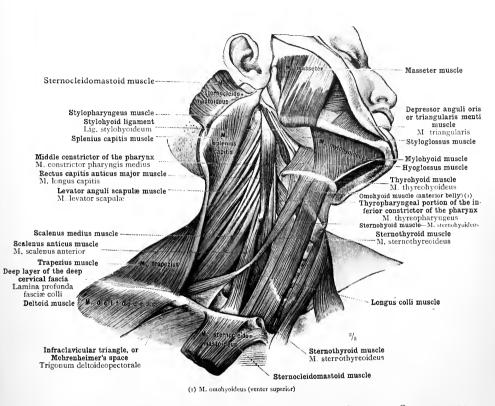


Fig. 535.—The Muscles of the Neck, displayed on the Right Side, the Sternocleidomastoid, Digastric, and Stylohyoid Muscles having been removed. The Infrahyoid Group of Muscles, Sternohyoid, Sternothyroid, Thyrohyoid, and Omohyoid. The Mylohyoid Muscle, the Anterior and Middle Scalene Muscles, and the Levator Anguli Scapulæ; Portions of the Muscles of the Face, and of the Deep Lateral and Prevertebral Muscles of the Neck.

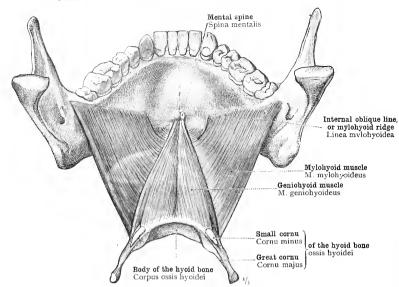
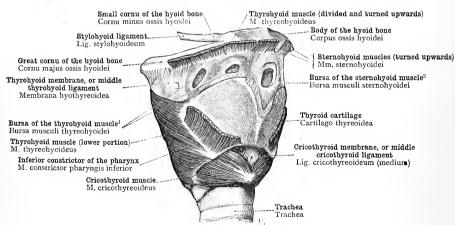


Fig. 536.—M. Mylohyoideus, the Mylohyoid Muscle, the Muscles of the Right and Left Side together forming a Floor below the Anterior Part of the Mouth, the Diaphragma Oris, and the Geniohyoid Muscle, seen from Above and Behind



* The bursa of the thyrohyoid muscle, either single or double (the latter in the present instance), is situate beneath the thyrohyoid muscle on the anterier surface of the thyrohyoid membrane, external to the bursa of the sternohyoid muscle.—Tr.
2 The bursa of the sternohyoid muscle is situate beneath the upper extremity of the sternohyoid muscle and in front of the thyrohyoid membrane, close to the median line.—Tr.

Fig. 537.—The Bursæ below the Hyoid Bone. The Sternohyoid and Thyrohyoid Muscles have been divided transversely, and the Portions of these Muscles left attached to the Hyoid Bone have been turned upwards. Seen obliquely from the Right Side and Before.

Musculi colli-Muscles of the neck.

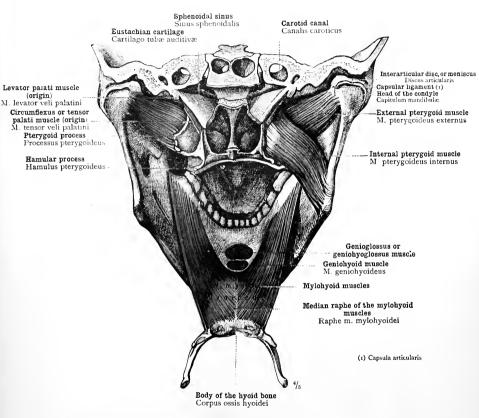


FIG. 538.—M. Mylohyoideus, the Mylohyoid Muscle, the Right and Left Muscles forming the Diaphragma Oris, seen from Above and Behind. The Pterygoid Muscles, External and Internal, are displayed, both Intact on the Right Side, while on the Left Side the Internal Pterygoid Muscle has been removed in order to lay bare in its Whole Extent the Posterior Surface of the External Pterygoid Muscle.

The levator palati and the circumflexus or tensor palati muscles have been cut away close to their respective origins.

Musculi colli et capitis-Muscles of the head and neck.

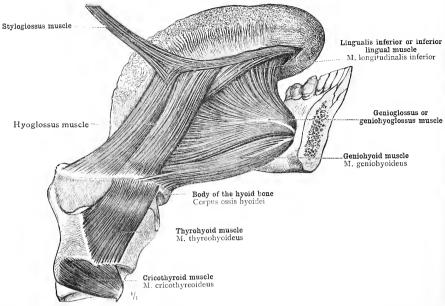


Fig. 539.—The Muscles of the Tongue, with the Geniohyoid Muscle, seen from the Right Side: the Hyoglossus, the Styloglossus, and the Genioglossus or Geniohyoglossus Muscles. Also the Thyro-hyoid and Cricothyroid Muscles.

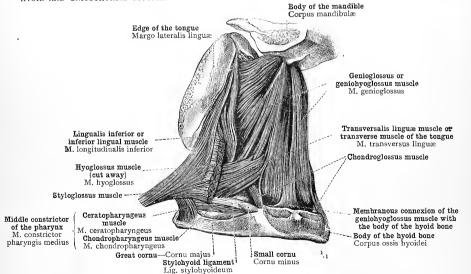


FIG. 540.—THE MUSCLES OF THE TONGUE SEEN FROM THE RIGHT SIDE AND BELOW, DISPLAYED BY THE REMOVAL OF THE HYOGLOSSUS MUSCLE; M. LONGITUDINALIS INFERIOR, THE INFERIOR LINGUAL MUSCLE; M. TRANSVERSUS (VEL TRANSVERSALIS) LINGUÆ, THE TRANSVERSE MUSCLE OF THE TONGUE, AND ITS RELATION TO THE GENIOHYOGLOSSUS MUSCLE; THE CHONDROGLOSSUS MUSCLE.

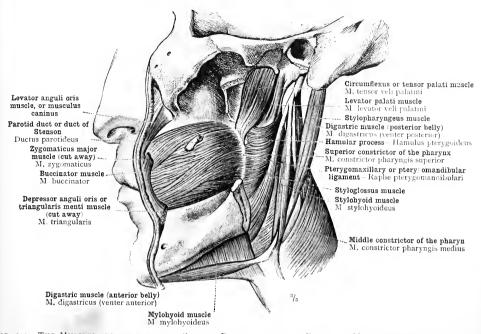


Fig. 541.—The Muscles arising from the Styloid Process with the Digastric Muscle; the Circumflexus or Tensor Palati, the Levator Palati, and the Buccinator Muscle; seen from the Left Side.

The ramus of the jaw has been removed.

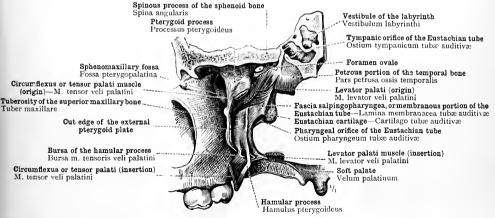


FIG. 542.—ORIGIN AND INSERTION OF THE CIRCUMFLEXUS OR TENSOR PALATI MUSCLE AND OF THE LEVATOR PALATI MUSCLE, WITH THE SYNOVIAL BURSA OF THE HAMULAR PROCESS, SEEN FROM THE LEFT SIDE.

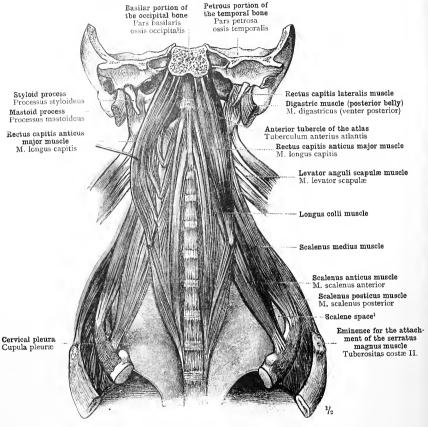
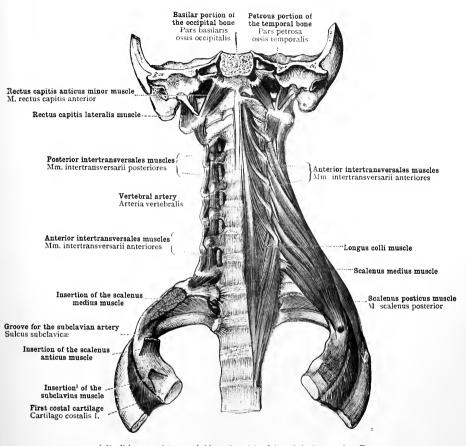


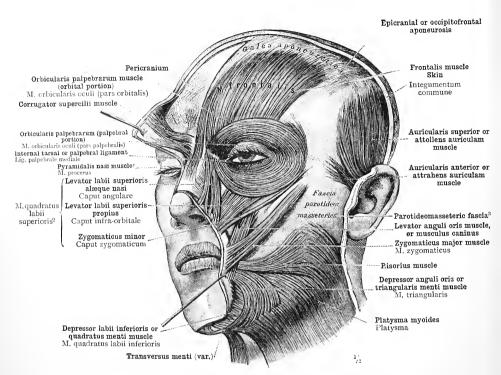
Fig. 543.—The Deep Lateral and Prevertebral Muscles of the Neck, displayed by the Removal of the Facial Portion of the Skull and the Cervical Viscera. Seen from Before. Scalenus Anticus, Medius, and Posticus Muscles; Longus Colli Muscle; Rectus Capitis Anticus Major Muscle. The Relation of the Scalene Muscles and the Longus Colli Muscle to the Cervical Pleura. The Scalene Space.¹

See note to p. 277.



¹ English anatomists regard this as the origin of the subclavius muscle.—Tr.

FIG. 544.—THE DEEP LATERAL AND PREVERTEBRAL MUSCLES OF THE NECK, THE RECTUS CAPITIS ANTICUS MAJOR AND SCALENUS ANTICUS MUSCLES HAVING BEEN REMOVED. ON THE RIGHT SIDE THE LONGUS COLLI AND THE SCALENUS MEDIUS AND POSTICUS MUSCLES HAVE ALSO BEEN REMOVED. SEEN FROM BEFORE. INTERTRANSVERSALES MUSCLES; RECTUS CAPITIS ANTICUS MINOR AND RECTUS CAPITIS LATERALIS MUSCLES.

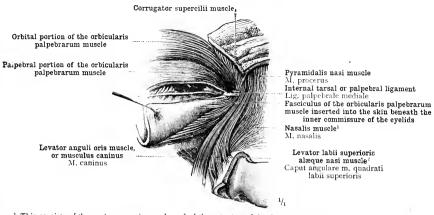


¹ The *pyramidalis nasi* muscle (*Musculus procerus*) is regarded by the author as a portion of the *occipitofrontalis* muscle,—Tr.

² In England the levator labii superioris alaque nasi, the levator labii superioris proprius, and the zygomaticus minor, are regarded as three separate muscles, not, as in the nomenclature of the German Anatomical Society, as the three heads, the angular head, the infra-orbital head, and the zygomatic head, respectively, of a single muscle, the quadratus labii superioris.—Tr.

3 See note to p. 291.

FIG. 545.—THE SUPERFICIAL LAYER OF THE MUSCLES OF FACIAL EXPRESSION AND THEIR RELATION TO THE PLATYSMA MYOIDES. DEPRESSOR ANGULI ORIS OR TRIANGULARIS MENTI MUSCLE; RISORIUS MUSCLE; ZYGOMATICUS MAJOR MUSCLE; LEVATOR LABII SUPERIORIS ALÆQUE NASI, LEVATOR LABII SUPERIORIS PROPRIUS, AND ZYGOMATICUS MINOR MUSCLES (see note 2 above); Orbicularis Palpebrarum Muscle. The Anterior Portions of the Occipitofrontalis Muscle—the Frontalis and the Pyramidalis Nasi Muscles (see note 1 above). Auricularis Superior or Attollens Auriculam and Auricularis Anterior or Attrahens Auriculam Muscles. The Epicranial Aponeurosis; the Pericranium; the Parotideomasseteric Fascia (see note 3 above). Seen obliquely from the Left Side and Before.



1 This consists of the compressor navis muscle and of the outer part of the depressor alæ nasi muscle of English anatomists.—TR.

² See note ² to p. 300.

Fig. 546.—The Attachment of the Orbicularis Palpebrarum Muscle in the Neighbourhood of the Inner Canthus, and its Relation to the Corrugator Supercilii Muscle, seen from Before. Right Side.

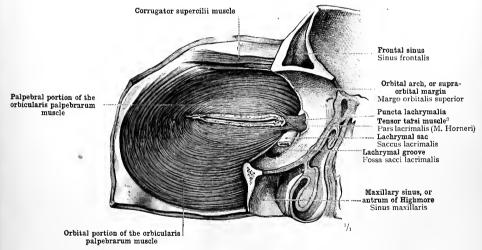
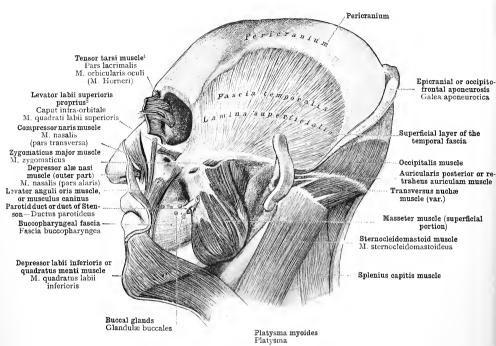


Fig. 547.—The Three Portions' of the Orbicularis Palpebrarum Muscle, and the Relation of this Muscle to the Corrugator Supercilii Muscle, seen from Behind. Left Side.

The soft parts in the neighbourhood of the eyelids, with the exception of the origin of the orbicularis palpebrarum muscle, have been detached from the bone; and by the removal of the conjunctiva, the tarsal cartilages, and the palpebral fascia (septum orbitale), the orbicularis muscle has been laid bare from behind,

² Called also purs lachrymalis musculi orbicularis palpebrarum, Horner's muscle, or musculus sacci lachrymalis.—Tr. ⁴ These three portions being the orbital, palpebral and lachrymal portions; the last-mentioned, however, is by English anatomists usually described as a distinct muscle, the tensor tursi (see also note ³).—Tr.

M. orbicularis oculi-Orbicularis palpebrarum and tensor tarsi muscles.



 1 See notes 3 and 4 on p. $_{301}$.

2 See note 2 on p. 300,

Fig. 548.—The Deep Layer of the Muscles of Facial Expression with the Masseter Muscle, displayed by the Removal of the Levator Labii Superioris Alæque Nasi, Levator Labii Superioris Proprius, Zygomaticus Minor, and the Depressor Anguli Oris or Triangularis Menti Muscles, of the Parotideomasseteric Fascia, and of the Parotid Gland: Levator Anguli Oris Muscle, or Musculus Caninus; Depressor Labii Inferioris or Quadratus Menti Muscle; Compressor Naris and Depressor Alæ Nasi Muscles. Occipitalis Muscle. Epicranial or Occipitofrontal Aponeurosis; Pericranium; Temporal Fascia and Anterior Portion of Buccopharyngeal Fascia. Left Side.

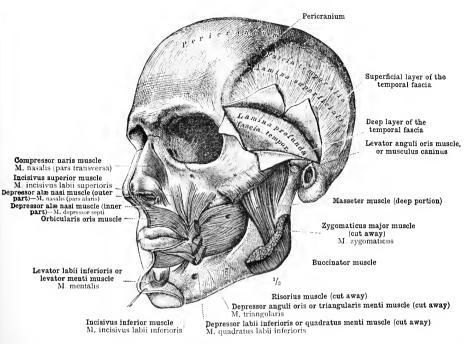


Fig. 549.—The Deep Layer of the Muscles of Facial Expression, and the Relation of the Orbicularis Oris Muscle to the Adjoining Muscles. Seen obliquely from Before and the Left Side. Buccinator Muscle, the Buccopharyngeal Fascia having been dissected off; Accessory Slips of the Orbicularis Oris Muscle known respectively as Incisivus Superior and Incisivus Inferior Muscles; Levator Labii Inferioris or Levator Menti Muscle, Compressor Naris Muscle¹; Depressor Alæ Nasi Muscle¹; Levator Anguli Oris Muscle, or Musculus Caninus. The Deep Portion of the Masseter Muscle, displayed by the Partial Removal of the Larger Superficial Portion. Perickanium; Temporal Fascia.

¹ The principal differences between the autnor's grouping of the tacial muscles and that usual in England

English.	TOLDT'S (being the nomenclature of the German Anatomical Society).
Compressor naris muscle Depressor alæ nasi muscle { outer part inner part	= pars transversa } musculi nasalis. = pars alaris } musculi nasalis. = musculus depressor septi.
	= caput angulare = caput infra-orbitale = caput zygomaticum

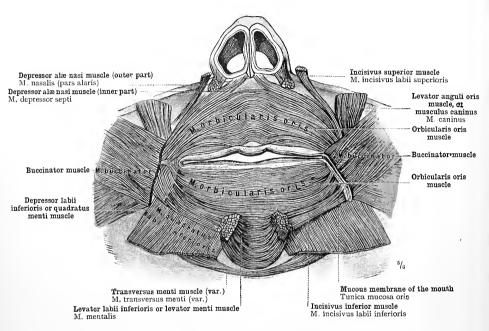


FIG. 550.—ORBICULARIS ORIS MUSCLE, AND ITS RELATION TO THE ADJOINING MUSCLES, SEEN FROM BEHIND.

The sort parts in the neighbourhood of the mouth and the cartilaginous portion of the nose were together detached from the bone, and the muscles laid bare from behind by the removal of the mucous membrane of the mouth. On the right side, a narrow strip of mucous membrane, passing outwards from the angle of the mouth, has been retained, to show the partial attachment thereto of the buccinator and orbicularis oris muscles.

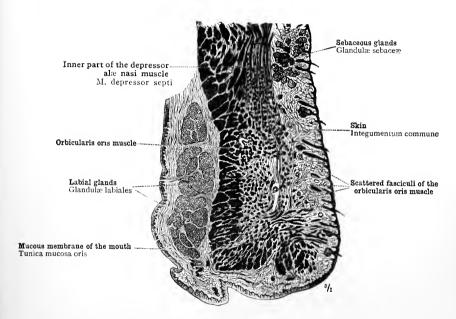


FIG. 551.—SAGITTAL SECTION THROUGH THE MIDDLE OF THE UPPER LIP, SHOWING THE SITUATION IN THE LIP OF THE ORBICULARIS ORIS, AND THE SHAPE OF THAT MUSCLE IN CROSS-SECTION.

Numerous thin fasciculi of the muscle are shown radiating to the skin.

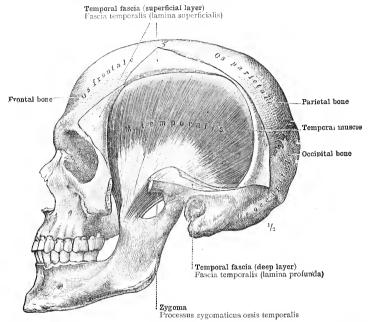


Fig. 552.—Temporal Muscle, displayed on the Left Side of the Head, after Partial Removal of the Zygomatic Arch, by dissecting off the Superficial and Deep Layers of the Temporal Fascia.

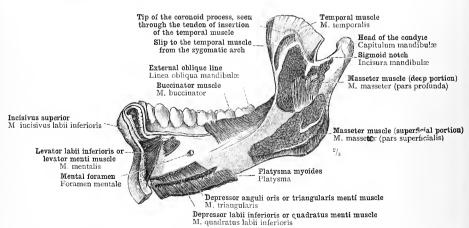


Fig. 553.—Attachment of Muscles to the Outer Surface of the Inferior Maxillary Bone. Left Side.

Musculi masticatorii-Muscles of mastication.

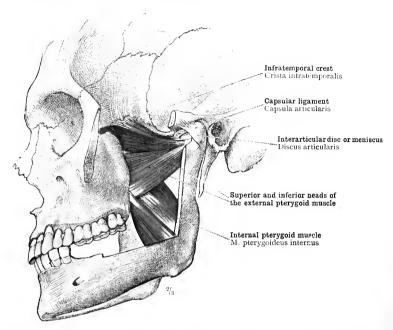


Fig. 554.—Musculi Pterygoidei, externus et Internus, External and Internal Pterygoid Muscles, displayed by the Removal of the Zygomatic Arch and of a Portion of the Ramus of the Inferior Maxillary Bone. Seen from the Left Side.

The temperomandibular articulation has been opened, in order to show the insertion of some of the fibres of the superior head of the external pterygoid muscle into the anterior border of the interarticular fibrocartilage and the capsular ligament of the articulation.

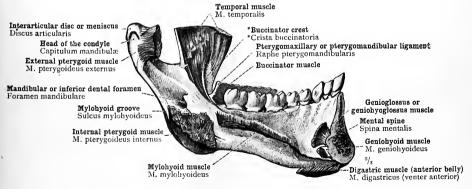


Fig. 555.—Attachment of Muscles to the Inner Surface of the Inferior Maxillary Bone.

Right Side.

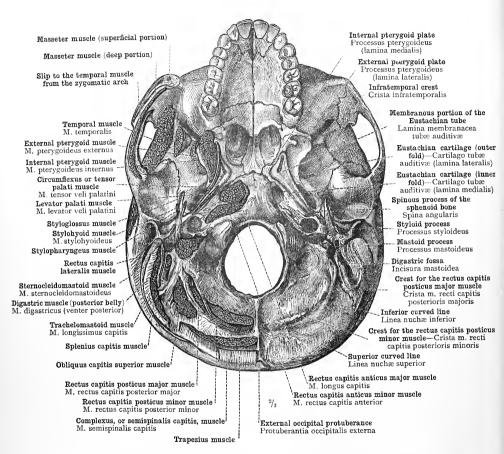


Fig. 556.—Basis Cranii Externa, External Aspect of the Base of the Skull. Areas of Origin and Insertion of the Muscles attached to the Base of the Skull.

The muscular attachments are shown on the right side only of the base of the skull; the bony prominences, etc., on the left side.

MUSCULI EXTREMITATIS SUPERIORIS

THE MUSCLES
OF THE UPPER EXTREMITY

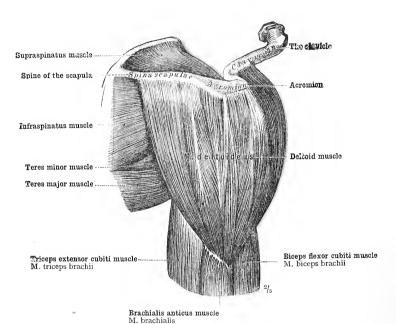


FIG. 557.—M. DELTOIDEUS, DELTOID MUSCLE, OF THE RIGHT SIDE, DORSO-EXTERNAL ASPECT, SHOWING ITS RELATIONS TO THE ADJOINING MUSCLES OF THE SHOULDER AND OF THE UPPER ARM.

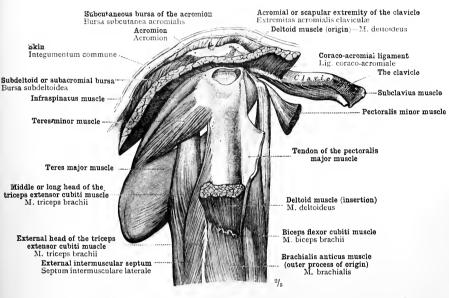
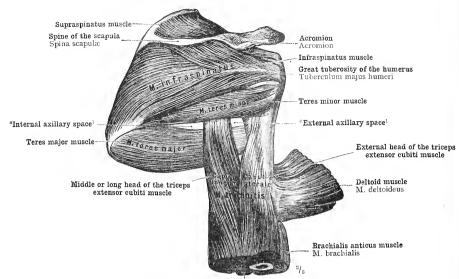


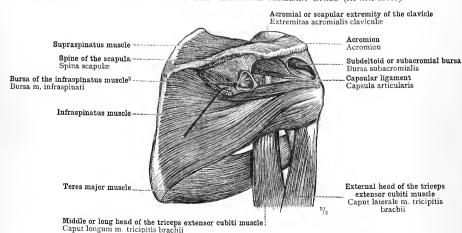
FIG. 558.—ARRANGEMENT OF THE MUSCLES ADJOINING THE RIGHT SHOULDER-JOINT AND IN THE PROXIMAT PORTION OF THE UPPER ARM, AS SEEN FROM THE OUTER SIDE, AFTER THE REMOVAL OF THE GREATER PART OF THE DELTOID MUSCLE. SUBDELTOID OR SUBACROMIAL BURSA AND SUBCUTANEOUS BURSA OF THE ACROMION.



Internal or deep head of the triceps extensor cubiti muscle Caput mediale m. tricipitis brachii

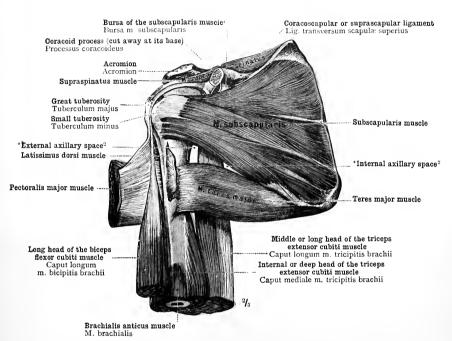
1 Internal and External Axillary Spaces.—Between the lower border of the teres minor muscle, the upper part of the humerus, and the axillary border of the scapula, covered in front by the subscapularis muscle and behind by the teres minor muscle, is a triangular space, divided, as shown in the figure, by the middle or long head of the triceps into an outer, quadrilateral, and an inner, triangular, compartment, called respectively by Toldt the internal and the external axillary space. These names are not in use in England, but are suitable, and may well be adopted. Through the external axillary space the posterior circumflex nerve and versels pass backwards; and through the internal axillary space the dorsal branch of the subscapular artery passes round the margin of the scapula into the infraspinous foss.—TR.

Fig. 559.—Muscles of the Right Shoulder, seen from Behind: Supraspinatus and Infraspinatus Muscles; Teres Major and Teres Minor Muscles; the Adjoining Parts of the Triceps Extensor Cubiti Muscle. The *Internal and the *External Axillary Space (see note above).



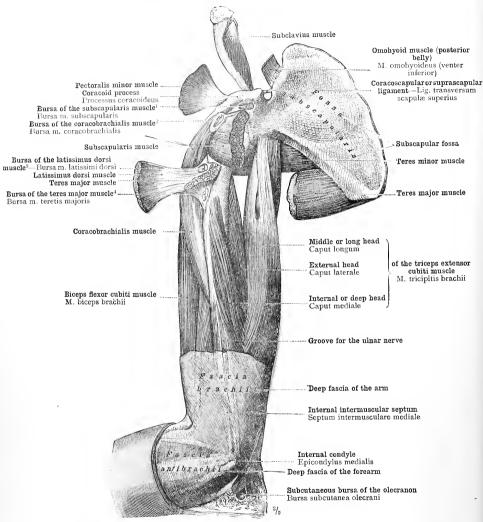
² The bursa of the infraspinatus muscle lies between the infraspinatus muscle and the capsular ligament of the shoulder-joint.—Tr.

Fig. 560.—In a Preparation similar to that last described, the Origin of the Infraspinatus Muscle was detached from the Spine of the Scapula, to show the Bursa between that Muscle and the Capsule of the Shoulder-Joint. The Subdeltoid or Subacromial Bursa has also been opened.



¹ The bursa of the subscapularis muscle is situate between the upper border and posterior surface of the subscapularis muscle and the coracoid process and neck of the scapula.—Tr. ² See note ¹ on p. 312.

Fig. 561.—Muscles of the Right Shoulder, seen from Before. Subscapularis Muscle, with its Bursa; Supraspinatus Muscle; Teres Major Muscle. Adjoining Portions of the Muscles of the Upper Arm and of the Muscles passing from the Trunk 70 the Upper Limb. The *Internal and the *External Axillary Space (see note 1 on p. 312).



5 See note 1, p. 3.13. "The draws of the concobrachialis muscle is situate between the anterior surface of the subscapularis muscle and the upper ends of the biceps and the concobrachialis muscles.—The 3 The borsa of the latissimus dorsi muscle and that of the teres major muscle.—The, 4 The duras of the teres major muscle is situate between the tendon of the latissimus dorsi muscle and that of the teres major muscle.—The.

Fig. 562.—Arrangement of the Muscles in the Proximal Portion of the Right Upper Arm, and the Relation of these Muscles to the Insertions of the Muscles of the Shoulder and of the Muscles passing from the Trunk to the Upper Limb. Seen from the Inner Side. Bursæ of this Region. Distal Portion of the Deep Fascia of the Upper Arm and Proximal Portion of the Deep Fascia of the Olecranon.

Musculi brachii-Muscles of the upper arm.

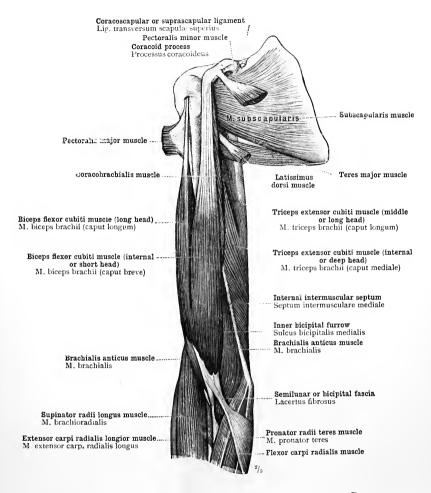
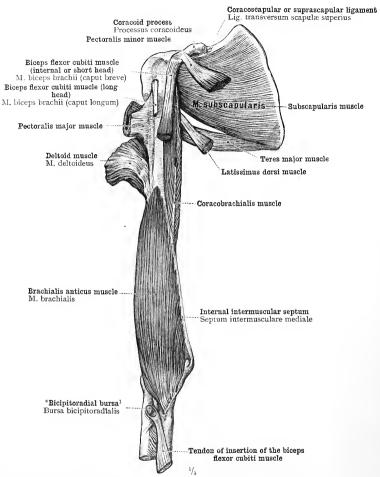


FIG. 563.—BICEPS FLEXOR CUBITI MUSCLE, OF THE RIGHT SIDE, AND ITS RELATIONS TO THE OTHER MUSCLES ON THE FLEXOR SIDE OF THE UPPER ARM, TO THE MUSCLES OF THE SHOULDER, TO THE MUSCLES PASSING FROM THE TRUNK TO THE UPPER LIMB, AND TO THE MUSCLES OF THE FOREARM.

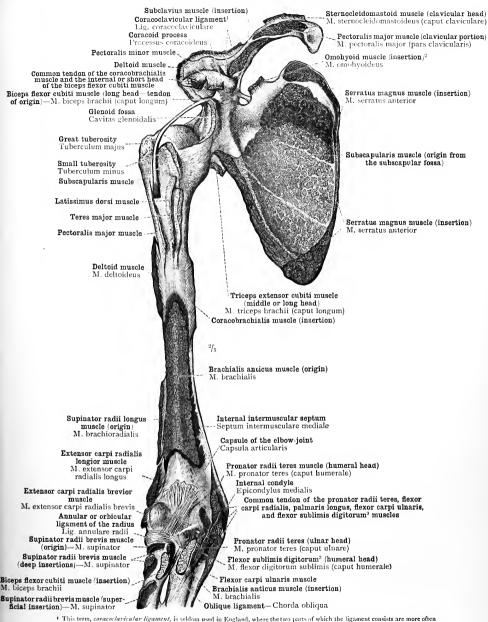


¹ This bursa is situate between the tendon of insertion of the biceps muscle and the anterior smooth portion of the tuberosity of the radius.—TR.

Fig. 564.—The Muscles of the Anterior (Flexor) Side of the Right Upper Arm, after Removal of the Biceps Flexor Cubiti Muscle. Coracobrachialis Muscle; Brachialis Anticus Muscle.

The tendon of insertion of the biceps flexor cubiti muscle has been turned downwards, in order to display the *bicipitoradial bursa (see note above).

Musculi brachii-Muscles of the upper arm.



1 This term, coracoclavicular ligament, is seldom used in England, where the two parts of which the ligament consists are more often separately described, as the conoid ligament and the trapecoid ligament, respectively. See Section II. of this work, p. 202, Fig. 435.—TR. 2 The scapaliza Attachment of the omolygoid is by English anatomists regarded as the origin of that muscle.—TR. 3 Or flexor perforatus muscle.

Fig. 565.—Attachment of Muscles to the Anterior Surfaces of the Scapula, the Humerus, and the Elbow.

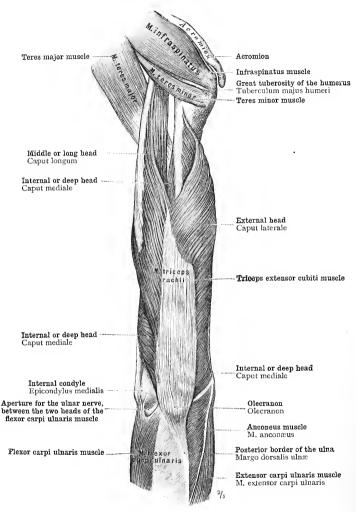
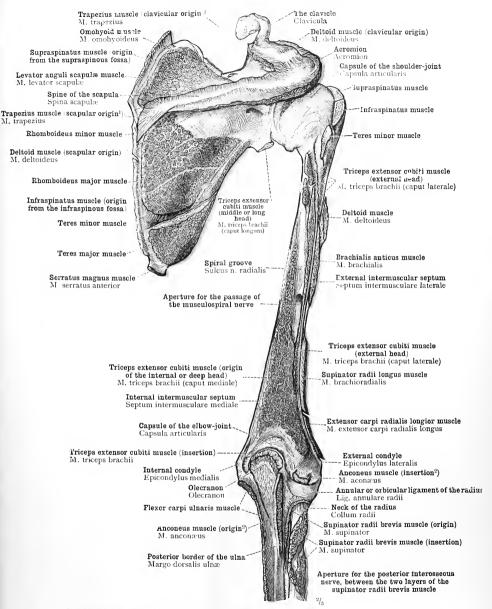


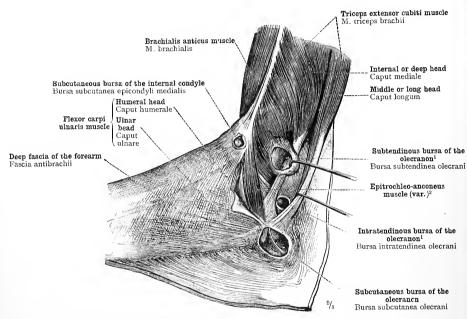
Fig. 566.—Triceps Extensor Cubiti Muscle, of the Right Side, seen from Behind; the Relations of its Proximal Extremity to the Muscles of the Shoulder, and of its Distal Extremity to the Muscles of the Forearm. Anconeus Muscle.

Musculi brachii-Muscles of the upper arm.



1 Insertion of the trapezius muscle, according to English anatomists.
2 English anatomists regard the humeral attachment of the anconeus muscle as the origin and the ulnar attachment as the insertion, of that muscle,—Tk.

Fig. 567.—Attachment of Muscles to the Posterior Surfaces of the Scapula, the Humerus, and the Elbow.

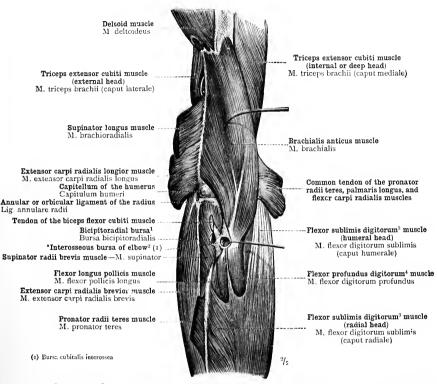


¹ Concerning these bursæ Quain writes (''Elements of Anatomy,'' 10th ed., vol. ii., Part II., p. 221): ''In many cases there is a small bursa above the olecranon, either between the tendon of the triceps and the posterior ligament, or more frequently in the deep part of the tendon itself. A bursa behind the internal condyle, beneath the inner edge of the triceps and the nlnar nerve, is of rare occurrence.''—TR.

² The epitrochleo-ancones is a small muscle often found, which arises from the posterior surface of the internal condyle of the humerus, and is inserted into the olecranon. It is superficial to the ulnar nerve. When absent, it is represented by a band of transverse fibres in the deep fascia of the arm.—Tr.

FIG. 568.—THE INNER SIDE OF THE RIGHT ELBOW WITH THE DISTAL EXTREMITY OF THE TRICEPS EXTENSOR CUBITI MUSCLE, THE ANOMALOUS EPITROCHLEO-ANCONEUS MUSCLE, AND THE BURSÆ OF THIS REGION.

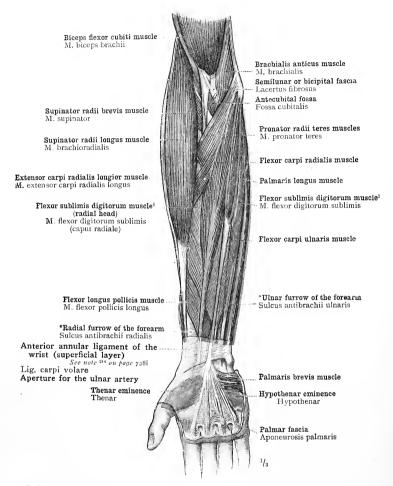
In order to display the intratendinous and the subtendinous bursæ of the olecranon two longitudinal incisions have been made in the distal extremity of the triceps extensor cubit muscle, and the posterior margins of the incisions have been retracted with hooks. In the region of the forearm the deep fascia has been left intact.



See hote to p. 316. 2
Interesseous Burrae of the Elbow.—This hursa is situate in the bicipital hollow of the ulna, which lies below the small signoid cavity, bounded behind by the supinator ridge and in front by the upper extremity of the interesseous border. In pronation of the hands, the highital hollow lodges the tuberosity of the radius and the distal extremity of the bicrost rendon; and the interesseous bursa forms a synovial cavity between the two bores. Behind, the sac is in contact with the interesseous membrane and the oblique linguinerty projecting of the supiral properties of the supiral propert

Fig. 569.—The Origin of the Palmar and Radial Muscles of the Right Forearm, and their Relations to the Brachialis Anticus Muscle in the Neighbourhood of the Antecubital Fossa. Anterior Aspect, the Forearm being supinated. The Bicipito-Radial Bursa (see note 1 above) and the Interosseous Bursa of the Elbow (see note 2 above).

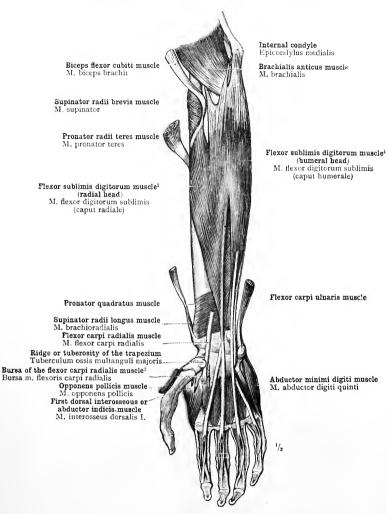
The brachialis anticus muscle has been drawn slightly inwards. The two superficial muscles of the radial group, the supinator radii longus and the extensor carpi radialis longior, have been cut away, except for their proximal extremities, which have been turned outwards, in order to lay bare the deep layer of muscles of the radial group: these are the extensor carpi radialis brevior and the supinator radii brevis. The superficial layer of the palmar group of muscles has also been removed.



1 Or flexer perforants muscle.
2 English anatomists group the pronator and flexor muscles of the forearm in two layers only: a superficial, comprehending the pronator radii teres, flexor carpi radialis, palmaris longus, and flexor sublimis digitorum muscles; and a deep, comprehending the flexor profundus digitorum, flexor longus pollicis, and pronator quadratus indicel. The author, however, groups these muscles in four layers, as enumerated in the description at the foot of Figs. 570, 571, and 572.—Fig.

FIG. 570.—THE SUPERFICIAL LAYER (see note 2 above) OF THE PALMAR GROUP OF MUSCLES OF THE RIGHT FOREARM: PRONATOR RADII TERES MUSCLE, FLEXOR CARPI RADIALIS MUSCLE, PALMARIS LONGUS MUSCLE, FLEXOR CARPI ULNARIS MUSCLE. THE SUPERFICIAL LAYER OF THE RADIAL GROUP OF MUSCLES: SUPINATOR RADII LONGUS MUSCLE, AND A PORTION OF THE EXTENSOR CARPI RADIALIS LONGIOR MUSCLE. THE ANTECUBITAL FOSSA, AND THE ULNAR AND RADIAL FURROWS OF THE FOREARM. LIGAMENTUM CARPI VOLARE, THE ANTERIOR ANNULAR LIGAMENT OF THE WRIST, AND THE PALMAR FASCIA WITH THE PALMARIS BREVIS MUSCLE.

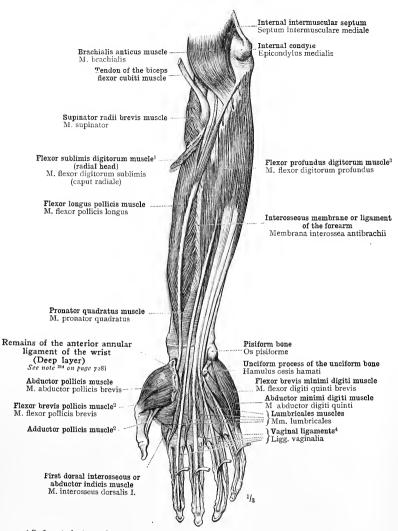
Musculi antibrachii-Muscles of the forearm.



1 Or flexor perforatus muscle.
2 This bursa sies beneath the tendon of the flexor carpi radialis nussele as it crosses the scaphoid hone and the trapezium.—Tr.

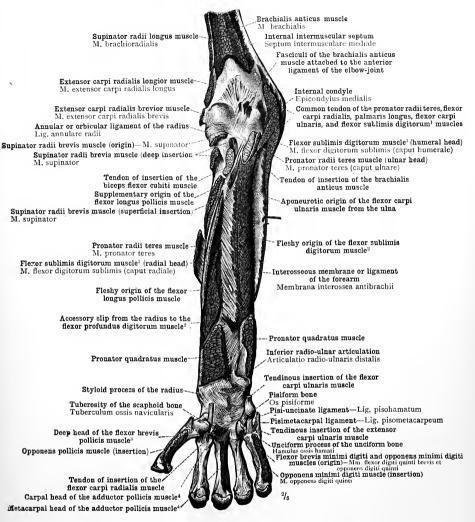
FIG. 571.—THE SECOND LAYER (see note 2 to p. 322) OF THE PALMAR GROUP OF MUSCLES OF THE RIGHT FOREARM:
FLEXOR SUBLIMIS DIGITORUM OR FLEXOR PERFORATUS MUSCLE. THE DISTAL ATTACHMENTS (INSERTIONS)
OF THE TENDONS OF THE FLEXOR CAPPI ULNARIS, FLEXOR CAPPI ABDIALIS, AND SUPINATOR RADHI LONGUS
MUSCLES. THE SUPERFICIAL MUSCLES OF THE HYPOTHENAR EMINENCE, AND THE INTEROSSEOUS MUSCLES
OF THE HIND THAT ARE VISIBLE FROM THE PALMAR SIDE. THE BURSA OF THE FLEXOR CARPI RADIALIS
MUSCLE ISEE NOTE 2 *above).

After the removal of the muscles of the superficial layer and the anterior annular ligament of the wrist, the flexor sublimis digitorum muscle was laid bare. In order to show clearly the disposition of the tendons of the flexor sublimis digitorum muscle, the flexor profundus digitorum muscle was removed.



1 Or flexor perforatus muscle.
2 The author adheres to the old nomenclature of the short muscles of the thumb, but that introduced by Cunningham is now generally adopted by Euclish anatomists. Following this writer, the former adductor pollicis is called the adductor pollicis transversus, and what used to be called the deep head of the flexor brevis pollicis muscle is divided into two parts. The larger part, known as the adductor pollicis and the second and third metacarpal bones, the os magnum, the anterior carpal learnest consistent of the second and third metacarpal bones, the os magnum, the anterior carpal learnest consistent of the flexor brevis, into the inner side of the base of the first phalanx of the thumb. What is now termed the deep head of the flexor brevis pollicis is a very small slip, deeply placed between the adductor obliquius pollicis and the outer head of the abductor indicis. It arises from the ulnar side of the upper part of the first metacarpal bone, and is inserted as already described.—The. See also Figs. 573, 585, and 586.
3 Or flexor perforans muscle.
3 Or flexor perforans muscle.
4 See note 3 to p. 334.

FIG. 572.—THE THIRD LAYER OF THE PALMAR GROUP OF MUSCLES OF THE RIGHT FOREARM, AFTER THE FIRST AND SECOND LAYERS AND THE ANTERIOR ANNULAR LIGAMENT OF THE WRIST HAVE BEEN REMOVED: FLEXOR PROFUNDUS DIGITORUM OR FLEXOR PERFORANS MUSCLE, AND FLEXOR LONGUS POLLICIS MUSCLE. IN THE FOURTH LAYER WE SEE A PORTION OF THE PRONATOR QUADRATUS MUSCLE. LUMBRICALES MUSCLES, AND THE SUPERFICIAL MUSCLES OF THE THENAR AND HYPOTHENAR EMINENCES: ABDUCTOR BREVIS POLLICIS, ADDUCTOR POLLICIS (see note 2 above), Flexor Brevis Pollicis, Flexor Brevis Minimi Digiti and ABDUCTOR MINIMI DIGITI MUSCLES.

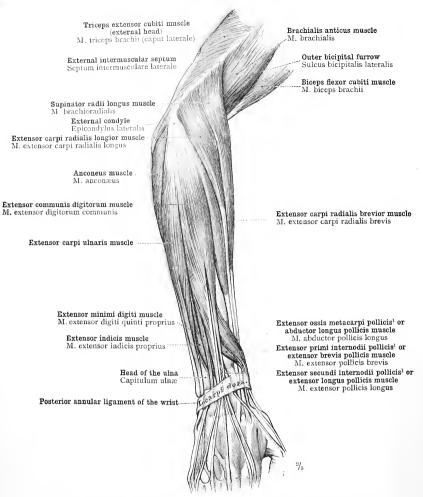


Or flexor perforatus muscle.

 Or flexor perforant muscle.
 Or flexor perforant muscle.
 Re note to p. 324.
 What the author calls the earpal head of the adductor pollicis muscle is part of the adductor pollicis obliquus according to Cunningham, whilst what he calls the metacarpal head of the adductor pollicis is the adductor pollicis transversus of English anatomists. See note 2 to p. 324.

Fig. 573.—Attachment of Muscles to the Palmar Surface of the Forearm and the Hand.

Musculi antibrachii-Muscles of the forearm.



I have given the preference to the old names, as more distinctive and therefore more suitable, of the three extensor muscles of the thumb, extensor exist metacarpit pollicis, extensor primi intermodii pollicis, and extensor secund intermodii pollicis. Quain ("Anatomy," roth ed.) has, however, adopted the Continental nomenclature in the case of the two latter muscles of the two the terms respectively extensor breats pollicis and extensor longua pollicis, whilst yet other names have been adopted by Macalister, who terms the extensor of the first polladars, extensor pollicis minor, and the extensor of the extensor of the extensor of the extensor pollicis major. The names used in the text are, however, more familiar to students, both in England and America, and there seems no good reason for any change.

The primi internodii pollicis on the radial side, and that of the extensor second distinction of collicis on the unit of the extensor second pollicis and the standard pollicis on the readial side, and that of the extensor second in pollicis on the long the extensive second pollicis on the two pollicis and the standard pollicis on the standard pollicis on the surface of the extensor second pollicis on the standard pollicis on the surface of the extensor second pollicis on the standard pollicis on the surface of the extensor second pollicis on the surface of the extensor second pollicis on the surface of the extensor second pollicis on the surface of the sur

FIG. 574.—THE SUPERFICIAL LAYER (see note 2 above) OF THE DORSAL GROUP OF MUSCLES OF THE RIGHT FOREARM: EXTENSOR COMMUNIS DIGITORUM, EXTENSOR CARPI ULNARIS, AND ANCONEUS MUSCLES. THE RADIAL GROUP OF MUSCLES SEEN FROM THE DORSAL SIDE, AND THE DEEP LAYER OF MUSCLES OF THE DORSAL GROUP THAT ARE VISIBLE IN THE DISTAL PORTION OF THE FOREARM BETWEEN THE SUPERFICIAL LAYER OF DORSAL MUSCLES ND THE RADIAL MUSCLES: EXTENSOR CARPI RADIALIS LONGIOR AND EXTENSOR CARPI RADIALIS BREVIOR (MUSCLES OF THE RADIAL GROUP); EXTENSOR OSSIS METACARPI POLLICIS, EXTENSOR PRIMI INTERNODII POLLICIS, AND EXTENSOR SECUNDI INTERNODII POLLICIS (MUSCLES OF THE DEEP DORSAL LAYER). LIGAMENTUM CARPI DORSALE, THE POSTERIOR ANNULAR LIGAMENT OF THE WRIST.

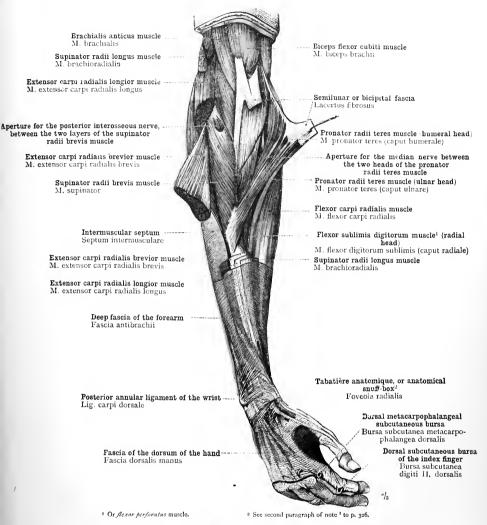


Fig. 575.—The Arrangement of the Muscles in the Deeper Part of the Antecubital Fossa when the Hand is pronated.

The muscles of the radial group, with the exception of the deepest of these, the supinator radii brevis, have been partly removed. The semilunar or bicipital fascia has been cut across, and its distal extremity has been drawn inwards together with the pronator radii teres muscle, in order to display the ulnar head of this muscle. In this distal half of the forearm and on the back of the hand we see the deep fascia and the posterior annular ligament of the wrist.

Musculi antibrachii-Muscles of the forearm.

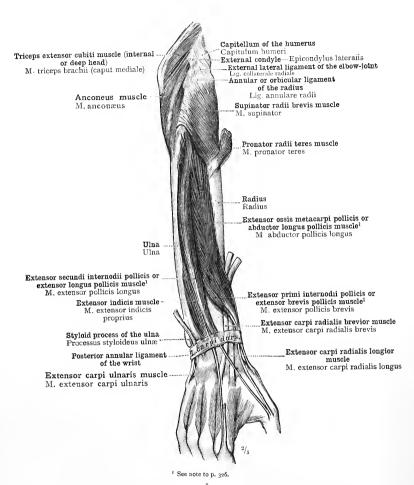


Fig. 576.—The Deep Layer of the Dorsal Group of Muscles of the Right Forearm, displayed by the Removal of the Extensor Communis Digitorum and the Extensor Carpi Ulnaris Muscles: Extensor Ossis Metacarpi Pollicis, Extensor Primi Internodii Pollicis, Extensor Secundi Internodii Pollicis, and Extensor Indicis Muscles.

In the proximal segment of the pronated forearm, the supinator radii brevis muscle and the anconeus muscle are seen.

Triceps extensor cubiti muscle (internal or deep head) M. triceps brachii (caput mediale)

Posterior ligament of the elbow-joint Capsula articularis

Triceps extensor cubiti muscle (tendon of insertion)

M. triceps brachii

Olecranon Olecranon

Flexor carpi ulnaris muscle (ulnar head) M. flexor carpi ulnaris (caput ulnare)

> Intermuscular septum Septum intermusculare

Anconeus muscle (origin1) M. anconæus

Posterior border of the ulna. Margo dorsalis ulnæ

Extensor carpi ulnaris muscle

Intermuscular septum Septum intermusculare

Extensor indicis muscle M. extensor indicis proprius

Styloid process of the ulna Processus styloideus ulnæ

Tendon of insertion of the extensor carpi ulnaris muscle

Posterior or dorsal proximal intermetacarpa ligaments-Ligg. basium dorsalia Fourth dorsal interosseous muscle (origin) Third dorsal interosseous muscle (origin)

Third and fourth dorsal interosseous muscles (distal extremities)

Dorsal aponeuroses of the extensor tendons

Supinator radii longus muscle M brachioradialis

Extensor carpi radialis longior muscle M. extensor carpi radialis longus

Anconeus muscle (insertion1) M anconcers

External condvle-Epicondylus lateralis

Extensor carpi radialis brevior M. extensor carpi radialis brevis

Annular or orbicular ligament of the radius Lig. annulare radii

Neck of the radius-Collum radii Extensor communis digitorum muscle M. extensor digitorum communis

Supinator radii brevis muscle M. supinator

Aperture for the posterior interesseous nerve. between the two layers of the supinator radii brevis muscle

Extensor ossis metacarpi pollicis or abductor longus pollicis muscle3 M. abductor pollicis longus

Interesseous membrane or ligament of the forearm Membrana interossea antibrachii

Extensor primi internodii pollicis or extensor brevis pollicis muscle2 M. extensor pollicis brevis

Extensor secundi internodii pollicis or extensor longus pollicis muscle2 M. extensor pollicis longus

Tendon of insertion of the supinator radii longus muscle Styloid process of the radius Processus styloideus radii

Extensor carpi radialis brevior muscle M. extensor carpi radialis brevis

extensor carpi radualis borevis
Extensor carpi radualis longior muscle
M. extensor carpi radialis longus
Insertion of the extensor ossis metacarpi
pollicis muscle
First dorsal interosseous or abductor indicis
muscle (origin)
M. interosseous dorsalis I.

Second dorsal interosseous muscle (origin) M. interosseus dorsalis II. Distal extremities of the first and second dorsal

interosseous muscles

Partial insertion of the first dorsal interosseous or abductor indicis muscle into the dorsal aponeurosis of the extensor tendon Partial Insertion of the dorsal aponeurosis of the extensor tendon into the base of the proximal phalanx Dorsal aponeurosis of the extensor tendon divided longitudinally

1 See note 2 to p. 319.

2 See note 1 to p. 326.

FIG. 577.—ATTACHMENT OF MUSCLES TO THE DORSAL SURFACE OF THE FOREARM AND THE HAND.

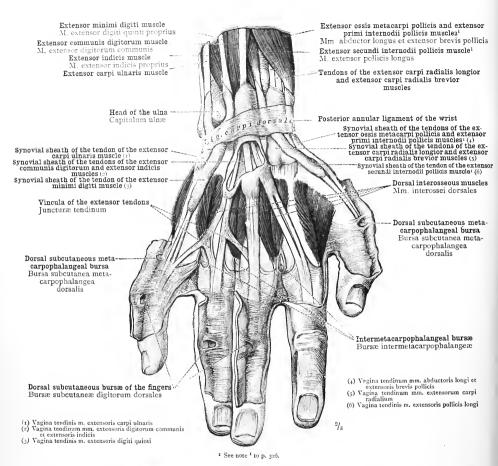


Fig. 578.—The Disposition of the Extensor Tendons at the Back of the Wrist and Hand, and the Synovial Sheaths of these Tendons. Right Hand. The Connexions between the Extensor Tendons (Vincula) on the Dorsum of the Hand, and the Dorsal Aponeuroses of the Extensor Tendons. The Intermetacarpophalangeal Burs.e, the Dorsal Subcutaneous Metacarpophalangeal Burs.e, and the Dorsal Subcutaneous Burs.e of the Fingers. The Dorsal Interosseous Muscles.

The synovial sheaths of the tendons were injected with strong alcohol before dissection. A portion of the posterior wall has been removed from the synovial sheath of the tendons of the extensor communis digitorum and extensor indicis muscles.

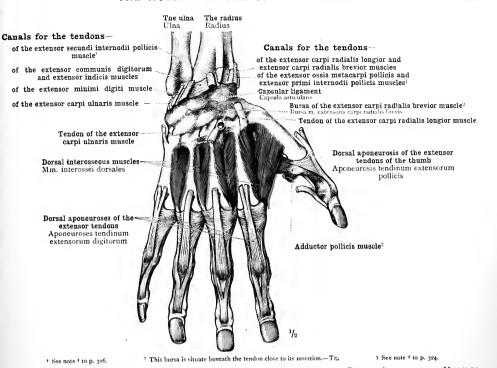
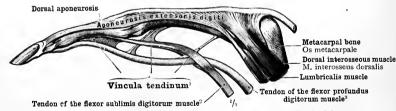


FIG. 579.—THE DORSAL APONEUROSES OF THE EXTENSOR TENDONS. RIGHT HAND. DORSAL INTEROSSEOUS MUSCLES.

The osseo-fibrous canals for the extensor tendons have been opened by the removal of the posterior annular ligament of

The osseo-fibrous canals for the extensor tendons have been opened by the removal of the posterior administration that with the wrist. The distal extremity of the tendon of the extensor carpi radialis brevior muscle has been turned downwards, in order to display the bursa that lies beneath it.



1 Vincula Tentinum.—These are fulle of synovial membrane, connecting the flexor tendons to one another and to the phalanges. Their nomeaclature is somewhat variable. Meaclister writes (op. c/t., p. 208): "The synovial membrane of the digital sheath enwraps the two tendons at first, and the deep tendon is tied to the bone by one or two flat bands /critinucluh.) Where the tendons pass each other they are generally free, but when the deep tendon has passed through, it is tied to the superficial tendon, now underlying it, by a soft cround cord (circulum). Finally the deep tendon is tied to the distal end of the second phalans by a flat retinacus minferius. According to Quain (op. cit., vnl. ii., p. 228). "The synovial membrane terms small folds (vincula accessoria tendinum) between the tendons and the lower part of the phalanx immediately above; the other, togenental render and less constant tands, joining the tendons at a higher level. Contained in the ligamentum breve of the deep flexor is a small hand of yellow charte tissue (remains the flagmentum), which stretches from the tendon to the head of the second phalanx, and may assist in drawing down the tendon after flexion of the fingers.—Th.

2 Or flexor perforatus muscle.

3 Or flexor perforatus muscle.

FIG. 580.—THE DISTAL EXTREMITIES OF THE FLEXOR AND EXTENSOR TENDONS OF THE RIGHT MIDDLE FINGER SEEN FROM THE RADIAL SIDE. THE RELATION OF THE LUMBRICALIS AND OF THE INTEROSSEOUS MUSCLE TO THE DORSAL APONEUROSIS OF THE EXTENSOR TENDON. VINCULA TENDINUM (see note 1 above).

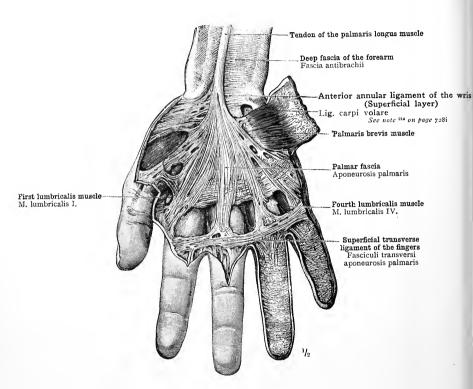
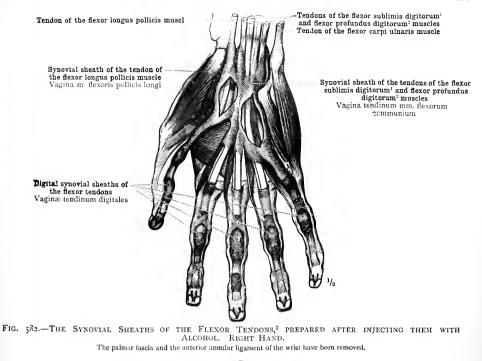


Fig. 581.—Aponeurosis Palmaris, Deep Fascia of the Palm, or Palmar Fascia; the Insertion of the Tendon of the Palmaris Longus Muscle into this Fascia; the Processes passing from the Palmar Fascia to the Digital Sheaths; the Superficial Transverse Ligament of the Fingers. Palmaris Brevis Muscle.





1 Ot flexor perforatus muscle.

3 The ypovial sheath of the common flexors in the canal of the carpus beneath the anterior annular ligament of the wrist is sometimes known as the great carpat burnes. It extends upwards to the level of the radiocarpal articulation, and downwards about halfway along the metacarpal burnes, ending in blind pounders in the case of the index, middle, and the digital sheath of which are separate: in the carpate of the little finger, however, the digital sheath of which are separate: in the first of the little finger, however, the digital sheath of the flexor of the little finger, however, the digital sheath of the flexor of the little finger, however, the digital sheath of the flexor of the little finger, however, the digital sheath of the common flexor of the little finger, however, the digital sheath of the common flexor of the little finger, however, the digital sheath of the common flexor of the little finger, however, the digital sheath of the common flexor of the little finger of the wrist is sometimes.

2 Or flexor perforans muscle.

3 The spring muscle is decided of the wrist is sometimes muscle.

3 This burns is structure beneath the great carpat burns. The second of the little finger of the wrist is sometimes of the wrist is sometimes.

4 See note:

4 See note:

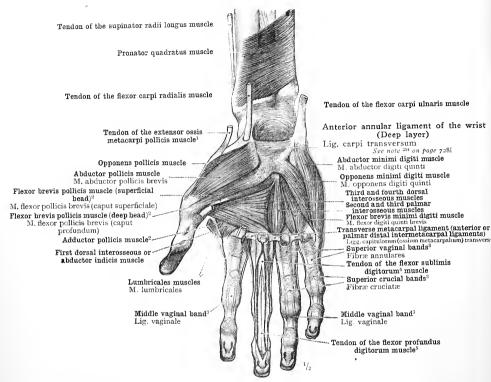
4 See note:

5 This burns is structure beneath the tenden close to its insertion.—The first muscle findent fin

FIG. 583.—THE SYNOVIAL SHEATHS OF THE FLEXOR TENDONS, DISPLAYED, AFTER THE REMOVAL OF THE ANTERIOR ANNULAR LIGAMENT OF THE WRIST, BY TURNING DOWN THE FLEXOR TENDONS INTO THE PALM OF THE HAND. LEFT HAND.

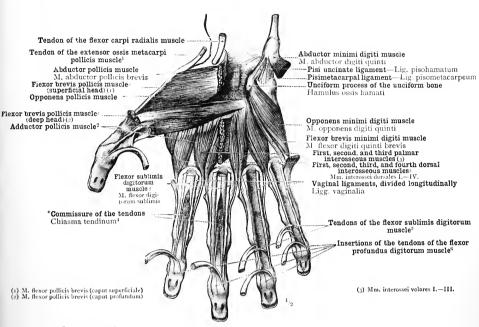
The synovial sheaths and bursæ have all been opened.

Musculi manus-Muscles of the hand.



¹ See note ¹ to p. 326.
² See note ² to p. 324.
³ The author does not enumerate all the component parts of the anterior wall of the digital sheaths of the flexor tendons. These are :
(1) Superior raginal bond (called by Toldt fibre annulars), strong transverse fibres crossing the tendon at the level of the upper half of the proximal phalanx (to the rough margins of the anterior surface of which bone the fibres are attached); (2) suberior crucial band (called by Toldt fibre cruciate), X-shaped bands at the level of the distal end of the proximal phalanx; (3) indicate varginal band, a slight transverse slip at the level of the proximal interphalanceal articulation (called by Toldt figurentum varginal); (3) bifure band, passing downwards and invards across the proximal extremity of the medial phalanx; (5) inferior varginal band, across the middle of the medial phalanx; (6) inferior varginal band, in front of the distal interphalangeal articulation.—The

FIG. 584.—THE SUPERFICIAL LAYER OF MUSCLES OF THE THENAR EMINENCE: ABDUCTOR POLLICIS MUSCLE; THE SUPERFICIAL HEAD AND A PORTION OF THE DEEP HEAD OF THE FLEXOR BREVIS POLLICIS MUSCLE (see note 2 to p. 324). The Superficial Muscles of the Hypothenar Eminence: Abductor Minimi Digiti and Flexor Brevis Minimi Digiti Muscles. Adductor Pollicis Muscle (see note 2 to p. 324). Third and Fourth Dorsal Interosseous and Second and Third Palmar Interosseous Muscles. QUADRATUS MUSCLE. VAGINAL LIGAMENTS (see note 3 above). RIGHT HAND.



1 See note 1 to p. 326.
2 See note 2 to p. 324.
3 Or flexor perforatus muscle.
4 thiasma Tendinum.—This term is not commonly employed by English anatomists. It is applied by the author to the commissure by which the two divisions of the tendon of the superficial flexor, after splitting for the passage of the tendon of the deep flexor, are reunited for a short space; below this commissure the tendon of the superficial flexor divides once more into two parts, which pass to the lateral ridges of the medial phalans.—TR.
5 The first dorsa interoseous muscle is also called the abductor indicis muscle.—Tr.
6 Or flexor perforant muscle.

FIG. 585.—THE DEEP LAYER OF MUSCLES OF THE THENAR AND HYPOTHENAR EMINENCES, DISPLAYED BY THE REMOVAL OF THE ABDUCTOR POLLICIS AND ABDUCTOR MINIMI DIGITI Muscles, and also of the Superficial Head of the Flexor Brevis Pollicis Muscle: OPPONENS POLLICIS MUSCLE; DEEP HEAD OF THE FLEXOR BREVIS POLLICIS MUSCLE (see note 2 to p. 324); OPPONENS MINIMI DIGITI; FLEXOR BREVIS MINIMI DIGITI.

By the removal of that portion of the adductor pollicis muscle which arises from the third metacarpal bone, the portion of this muscle arising from the carpal ligaments, and the dorsal and palmar interosseous muscles, are exposed to view. The vaginal ligaments of the flexor tendons have been opened, and in the index and middle fingers the commissure of the tendons (see note 4 above) of the superficial flexor is shown.

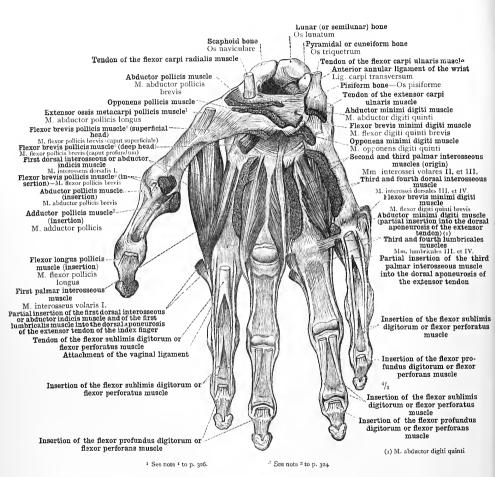


Fig. 586.—Attachment of Muscles to the Palmar Surface of the Hand.

MUSCULI EXTREMITATIS INFERIORIS

THE MUSCLES
OF THE LOWER EXTREMITY

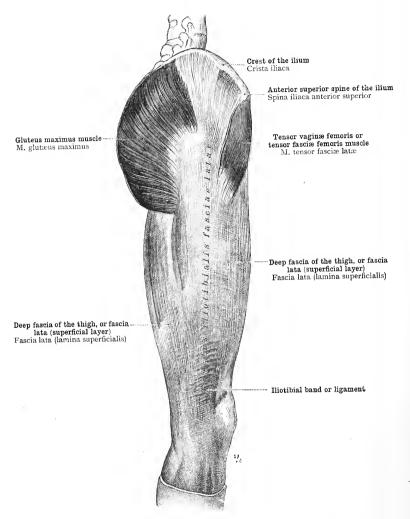


Fig. 587.—Deep Fascia of the Thigh, or Fascia Lata, seen from the Outer Side, with the Thickened Portion of this Fascia, known as the Iliotibial Band or Ligament; Insertion of the Tensor Vaginæ Femoris (Tensor Fasciæ Femoris, Tensor Fasciæ Latæ) Muscle and Partial Insertion of the Gluteus Maximus Muscle into the Iliotibial Band or Ligament. Right Thigh.

Musculi coxæ et femoris-Muscles of the hip and thigh.

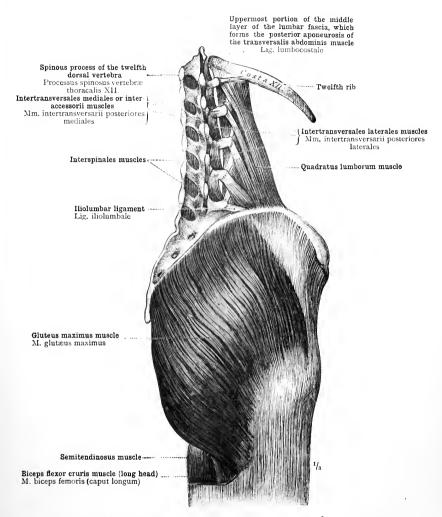
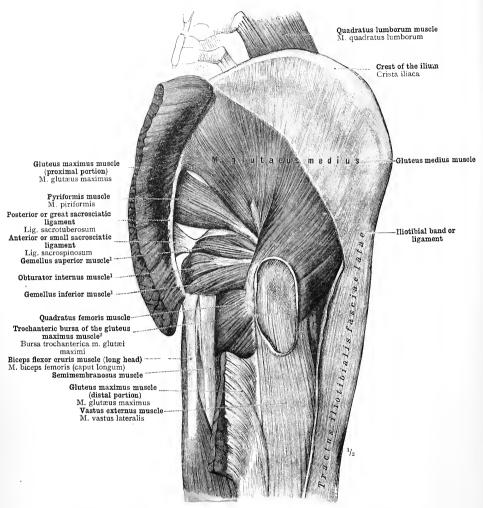


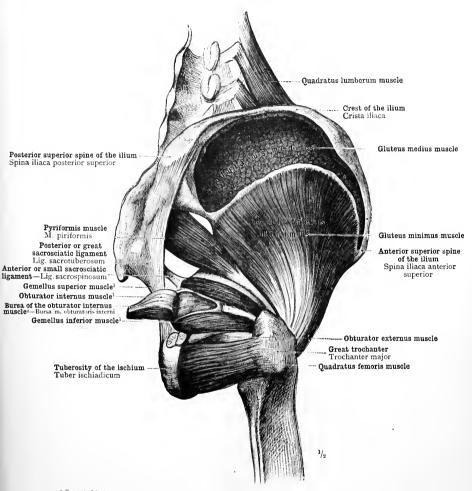
FIG. 588.—GLUTEUS MAXIMUS MUSCLE, SEEN OBLIQUELY FROM BEHIND AND WITHOUT, CONSTITUTING THE SUPERFICIAL LAYER OF THE EXTERNAL MUSCLES OF THE HIP. QUADRATUS LUMBORUM MUSCLE; INTERSPINALES, INTERTRANSVERSALES LATERALES, AND INTERTRANSVERSALES MEDIALES OF INTERACCESSORII MUSCLES OF THE LUMBAR REGION; SEEN FROM BEHIND. RIGHT SIDE.



The genelli muscles may be regarded as portions of the obturator internus muscle arising outside the pelvis, and for this reason Macalister has given to the three muscles the name of tricops rotator femoris muscle, but the term is rarely used.—The The trochanteric barra of the gratuss maximus muscle and the great and the great trochanter of the femur. In most cases it is a large compound or multilocular bursa, but is occasionally represented by several distinct smaller bursa.—The

FIG. 589.—SECOND LAYER OF THE EXTERNAL MUSCLES OF THE HIP, DISPLAYED BY THE DIVISION OF THE GLUTEUS MAXIMUS MUSCLE AND THE POSTERIOR PORTION OF THE FASCIA LATA: GLUTEUS MEDIUS MUSCLE; PYRIFORMIS MUSCLE; OBTURATOR INTERNUS AND GEMELLUS SUPERIOR AND INFERIOR MUSCLES; QUADRATUS FEMORIS MUSCLE. ORIGIN AND FEMORAL INSERTION OF THE GLUTEUS MAXIMUS MUSCLE. TROCHANTERIC BURSA OF THE GLUTEUS MAXIMUS MUSCLE. RIGHT HIP, SEEN FROM THE OUTER SIDE.

Musculi coxæ-Muscles of the hip.

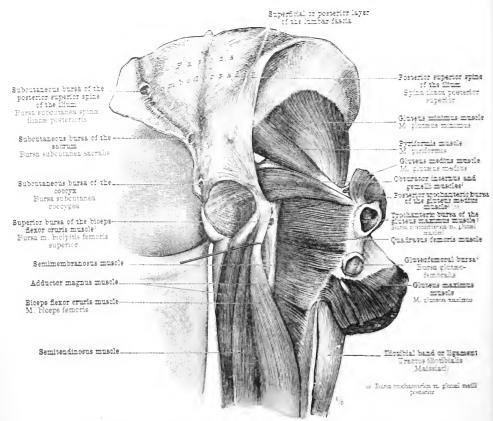


¹ See note 1 to p. 140.
² The barns of the obtained internal nuncle is situate between the tendon of the obtained internal muscle and the cartilage-covered trochlear surface or groove of the ischium (i.e., the hollowed portion of the bone between the spine and the tuberosity); a second bursa, long and narrow, lies between the tendon of the muscle and the capsule of the hip-joint; often, however, as in Fig. 590, these two bursa combine to form a single structure.—Tig.

Fig. 590.—Deep External Muscles of the Right Hip, displayed by the Removal of the Gluteus Maximus and Gluteus Medius Muscles: Gluteus Minimus Muscle; Pyriformis Muscle. Seen obliquely from the Right Side and Behind.

The tendon of the obturator internus muscle has been divided, and the inner half has been turned inwards over the posterior or great sacrosciatic ligament, in order to display the bursa of the obturator internus muscle. The quadratus femoris muscle has been drawn downwards a little, and slightly separated from the gemellus inferior muscle, in order to bring into view between them a portion of the obturator externus muscle.

Musculi coxæ-Muscles of the hip.



The experier huma of the bices, where create mastle is situate between the tenden of the long head of that mustle and one origin of the semimembranous muscle—Th.

The nontriber revolutivit instant of the gladous mattle mastle is a small burst situate internal to the tendent of that muscle, between it and the insertion of the tendo of the pyriformis muscle—Th.

it can be inserted to p. 560.

See note 2 to p. 560.

The glutter's maximum massile and the upper part of the vascus externs muscle.—The

Fig. 501.—Deep External Muscles of the Right Hip seen from Behind, showing their RELATION TO THE POSTERIOR FEMORAL OR HAMSTRING MUSCLES AND TO THE ADDUCTOR MAGNUS MUSCLE. INSERTION OF THE GLUTEUS MAXIMUS INTO THE GLUTEAL RIDGE OF THE FEMUR AND INTO THE FASCIA LATA. BURSE OF THE SACRAL AND GLUTEAL REGIONS.

The semelli muscles have been left undisturbed in their close proximity to the obsurator intermus ಗಾಗಿ ತರಿಕ

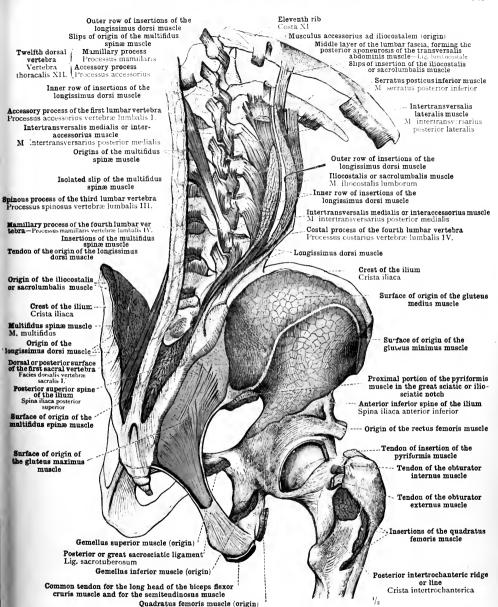
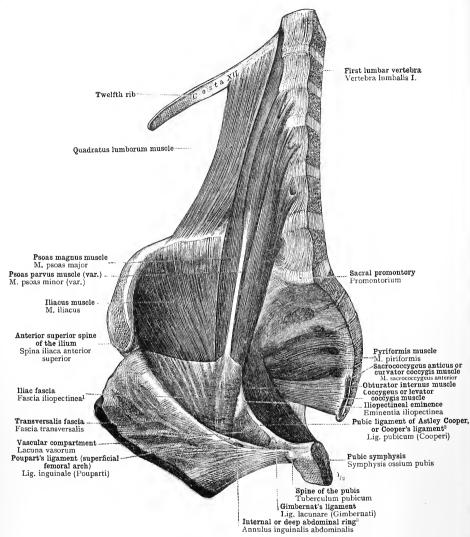


Fig. 592.—Attachment of Muscles to the Posterior Surface of the Lumbar Vertebræ and of the Hip-Bone.

Musculi coxæ-Muscles of the hip.



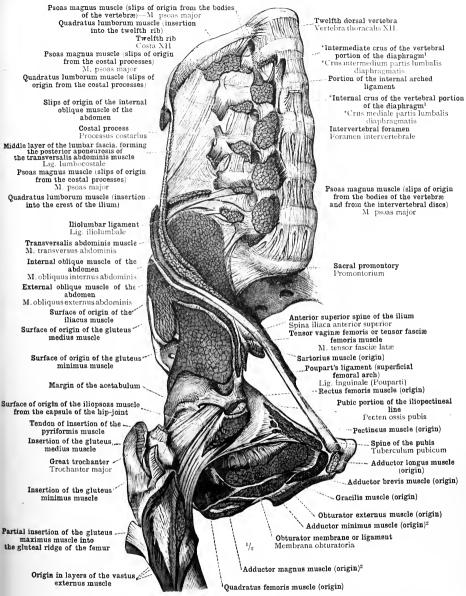
1 See note 1 to p. 390.

² See note ² to p. 390.

3 Or internal inguinal aperture.

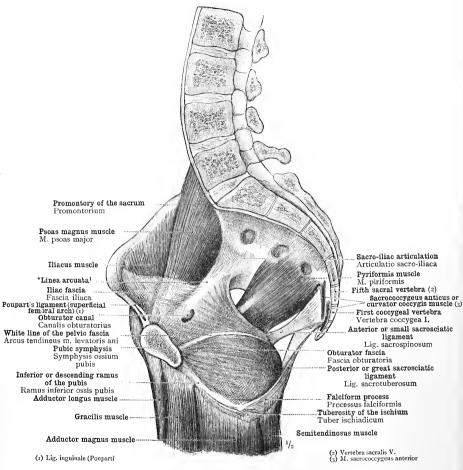
FIG. 593.—Internal Muscles of the Region of the Hip, seen somewhat obliquely from Before: Iliopsoas Muscle, consisting of Two Parts—the Iliacus Muscle and the Psoas Magnus Muscle; Psoas Parvus Muscle, the Tendon of which becomes incorporated with the Iliac Fascia. Obturator Internus Muscle. Pyriformis and Quadratus Lumborum Muscles. Lacuna Vasorum, or Vascular Compartment, of the Space between Poupart's Ligament (Superficial Femoral Arch) and the Concave Iliopubic Margin of the Hip-Bone. Right Side.

Musculi coxæ-Muscles of the hip.



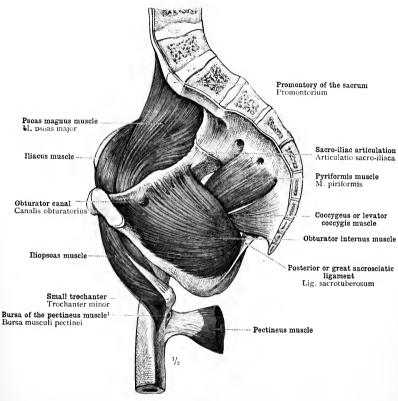
¹ See note 1 to p. 286, ² Adductor Minimus Muscle. —This is by English anatomists usually regarded as the anterior and superior portion of the adductor magnus mucle, arising from the body of the pubic and the ischiopublic rami, and inserted into the femur from the lower extremity of the insertion of the more inserted to the upper end of the linea aspera, and sometimes for a short distance along that line. The adductor magnus muscle of Compinental writers, regarded by English anatomists as the potential and inferior portion of the adductor magnus muscle of Compinental writers, regarded by English anatomists as the potential on the foregoint, and from the tuberosity of the ischium internal to the foregoint, and from the tuberosity of the ischium by a strong tendon which descends on the hinder surface of the muscle for a third of its length; this portion of the muscle is inserted into the whole length of the linea aspera below the preceding portion and into the upper part of the internal superacondylar line, and by a tendon which passes below the opening for the femoral vessels to the adductor tubercle on the internal condyle of the femur. —Tr.

Fig. 594.—Attachment of Muscles to the Anterior Surface of the Lumbar Vertebræ and of the Hip-Bone



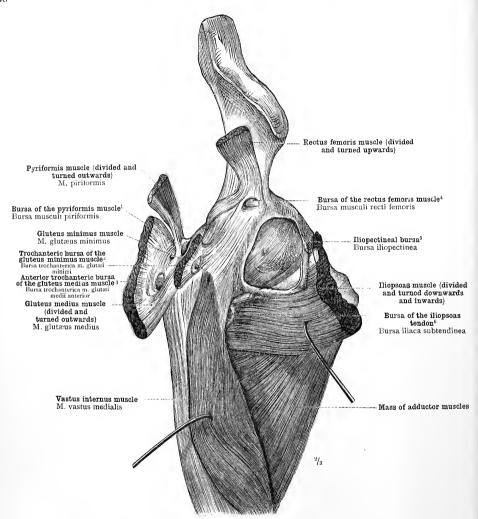
¹ The *linea arcuata marks the attachment of the iliac fascia along the brim of the pelvis to the iliopectineal line, where it is inseparably blended with the obturator fascia.—Tr.

Fig. 595.—Internal Muscles of the Region of the Hip, seen from the Inner Side, with the Obturator Fascia and a Portion of the Iliac Fascia: Pyriformis Muscle; the Two Parts of the Iliopsoas Muscle, viz., Psoas Magnus and Iliacus Muscles. Proximal Extremities of the Internal Femoral or Adductor Muscles, showing their Mutual Relations. White Line of the Pelvic Fascia. Right Side.



Bursa of the Pectineus Muscle.—This bursa is situate anteriorly to the tendon of the pectineus muscle close to its insertion, between the tendon and the femur.—Tr.

Fig. 596.—The Internal Muscles of the Region of the Hip, seen from the Inner Side, the Obturator Fascia having been removed, and the Iliopsoas Muscle fully exposed up to its Insertion into the Small Trochanter: Pyriformis and Obturator Internus Muscles. Bursa of the Pectineus Muscle.



¹ The bursa of the pyriformis muscle is situate beneath the tendon of that muscle close to its inserti m.—Tr.

² The trechanteric bursa of the gluteus minimum muscle is situate beneath the tendon of that muscle close to its insertion.—Tr.

³ The anterior trechanteric bursa of the gluteus medius muscle is situate beneath the anterior of the tendon of that muscle and the from of the outer surface of the great trochanter.—Tr.

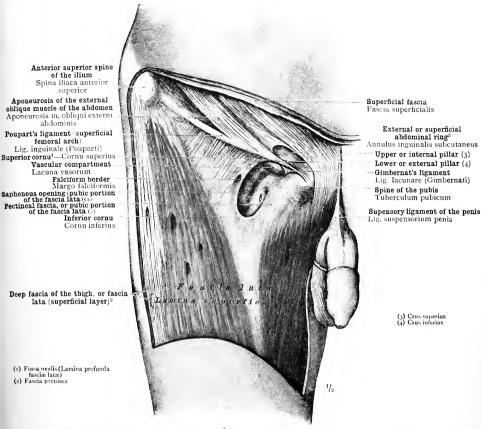
The bursa of the rectus fomoris muscle is situate between the anterior tendinous head of the muscle and the lower part of the anterior bursa of the great trochanter.—Tr.

Beneath the illopsoas muscle as it passes over the illopectineal eminence and the capsular ligament of the libriogist. It frequently communicates with the sorts.—Tr.

In European accurage is situate penetral the inoposas muscle as a passes of a transportation to the interpolation of the interpolation

Fig. 597.—The Bursæ situate beneath the Tendons of the Muscles of the Hip adjacent TO THEIR INSERTIONS. ILIOPECTINEAL BURSA. RIGHT SIDE. SEEN FROM BEFORE.

The distal extremities of the muscles have been drawn away from the bone to expose the bursæ, which have been opened.



¹ The interior cornu of the saphenous opening passes completely to the inner side of the femoral sheath to be attached to Gimbernat's ligament. This inner part of the superior cornu is termed the femoral ligament or Hey's figurent.— In.

fascial lata.—There of this portion of the fascia lata, lying to the outer side of the saphenous opening, is termed the iliac portion of the 3 Or external inguinal aperture.

FIG. 598.—DEEP FASCIA OF THE THIGH OR FASCIA LATA OF THE RIGHT SIDE, SEEN FROM BEFORE; ITS CONNEXION WITH THE APONEUROSIS OF THE EXTERNAL OBLIQUE MUSCLE OF THE ABBOMEN THROUGH ITS ATTACHMENT TO POUPART'S LIGAMENT (SUPERFICIAL FEMORAL ARCH). THE EXTERNAL OR SUPERFICIAL ABBOMINAL RING (THE EXTERNAL INGUINAL APERTURE), LYING IMMEDIATELY ABOVE THE INNER EXTREMITY OF POUPART'S LIGAMENT, WHICH FORMS THE LOWER OR EXTERNAL PILLAR OF THE RING. THE SAPHENOUS OPENING (FOSSA OVALIS) WHICH FORMS THE FEMORAL APERTURE OF THE FEMORAL OR CRURAL CANAL. THE PUBIC PORTION OF THE FASCIA LATA, OR PECTINEAL FASCIA, ATTACHED ABOVE TO THE ILIOPECTINEAL LINE, FORMS THE FLOOR OF THE SAPHENOUS OPENING, AND, PASSING OUTWARDS, DIPS DEEPLY BENEATH THE FALCIFORM BORDER OF THE ILIAC PORTION OF THE FASCIA LATA AND BEHIND THE FEMORAL VESSELS TO FORM THE BACK OF THE FEMORAL OR CRURAL SHEATH, BY MEANS OF WHICH IT IS CONTINUED INTO THE ILIAC FASCIA.

The vessels that descend through the vascular compartment or lacuna vasorum beneath Poupart's ligament (femoral artery and femoral vein) have been removed.

Musculi coxæ et femoris-Muscles of the hip and thigh.

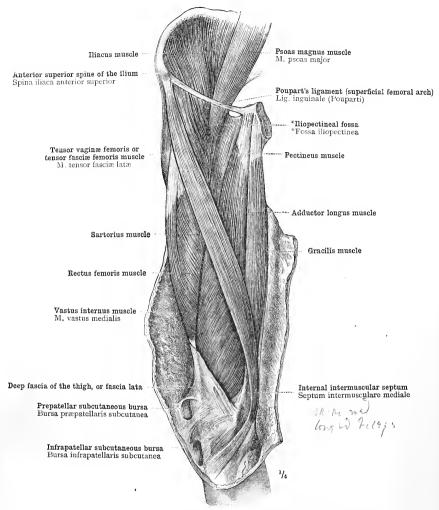
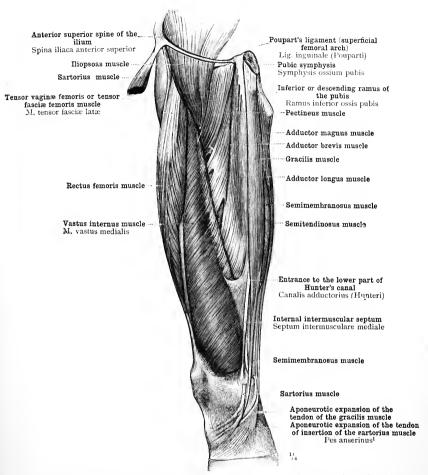


Fig. 599.—Anterior and Internal Muscles of the Right Thigh, as seen from Before with the Limb rotated outwards: Sartorius Muscle; Portions of the Quadriceps Extensor Cruris Muscle, of the Internal Femoral or Adductor Muscles, and of the Iliopsoas Muscle. *Iliopectineal Fossa. The Triangular Area, the Base of which is formed by Poupart's Ligament, the Sides by the Sartorius and Adductor Longus Muscles, respectively, and the Floor by the Iliopsoas and Pectineus Muscles, is known as Scarpa's Triangle (Fossa Scarpa Major, Trigonum Femorale). Prepatellar and Infrapatellar Subcutaneous Bursæ.

In the region of the knee the fascia lata has not been removed.

Musculi femoris-Muscles of the thigh.



* Per Amerinus.—The tendon of insertion of the sartorius muscle sends off from its upper border an aponeurotic expansion to join that of the common extensor over the front of the capsule of the knee-joint, and from its lower border another to the deep fascia of the leg; immediately below and behind this latter is a similar aponeurotic expansion from the tendon of insertion of the gracilis muscle to the deep fascia of the leg. From the resemblance of the aponeurotic expansions of the sartorius tendon to the foot of a goose, it is called by the author per americans, the it is to be noted that this name is given by English anatomists to an entire different extense of the sartorius tendon to the foot of the fact the renew, known also as the "parotid plans" (see Fig. 1344, p. 374, seet, vi. of this work).—The characteristic plans of the factal nerve, known also as the "parotid pleass" (see Fig. 1344, p. 374, seet, vi. of this work).—The

FIG. 600.—Anterior and Internal Muscles of the Right Thigh, as seen from Before with the Limb rotated outwards, the Sartorius Muscle having been removed. Of the Quadrices Extensor Cruris Muscle, we see the Long Head, the Rectus Femoris Muscle, and the Inner Head, the Vastus Internus Muscle: of the Internal Femoral or Adductor Muscles, we see the Gracilis, Adductor Longus, Adductor Beevis, and Pectineus Muscles. Behind the Gracilis Muscles we see Portions of the Posterior Femoral or Hamstring Muscles. Semimembranosus Muscles and Semitendinosus Muscle. Benfath the Sartorius Muscle and between the Vastus Internus Muscle, on the Outer Side, and the Adductor Longus (above) and the Adductor Magnus (below), on the Inner Side, lies Hunter's Canal (Canalis Adductorius Hunter), the Fascial Roof of which has been removed except for a Short Space at the Lower End of the Canal.

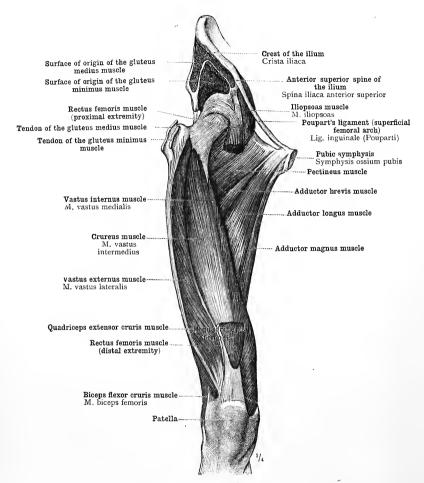


Fig. 601.—Anterior and Internal Muscles of the Right Thigh, with the Limb in the Normal Position, the Sartorius, Gracilis, and Rectus Femoris Muscles having been Removed. Seen from Before. Vastus Externus, Crureus, and Vastus Internus Muscles, the Outer, Middle, and Inner Heads of the Quadriceps Extensor Cruris Muscles; Adductor Longus and Adductor Brevis Muscles, and the Inner Portion of the Adductor Magnus Muscle: Pectineus Muscle.

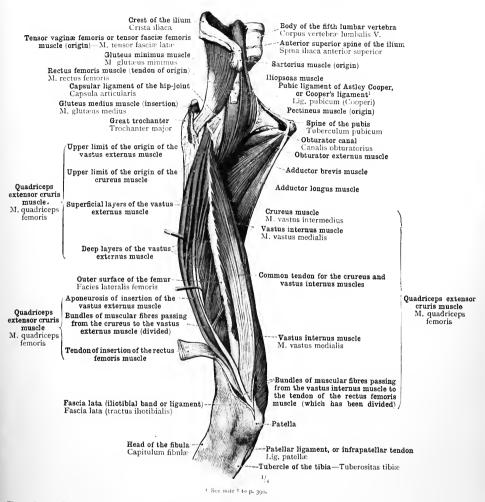


Fig. 602.—Stratification of the Vastus Externus Muscle, as seen after the Removal of the Rectus Femoris Muscle, the Layers of the Vastus Externus Muscle having been well separated from the Femur. Outer Limit of Origin of the Crureus (Vastus Intermedius) Muscle. Stratification of the Tendons (Aponeuroses) of the Vastus Externus, Crureus, and Rectus Femoris Muscles above the Knee-Joint.

The thigh, which has been rotated inwards, is seen from before. The bundles of the vastus externus muscle that arise from the fascia lata are shown in Fig. 616.

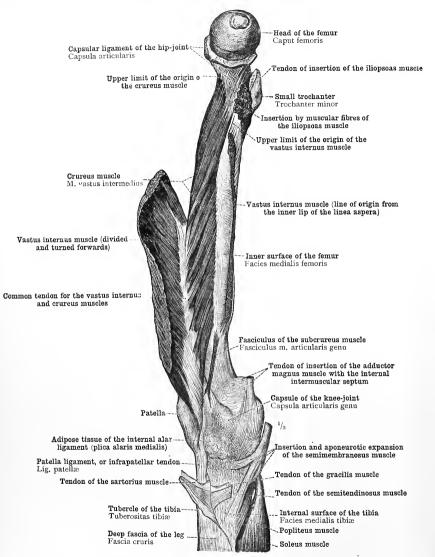
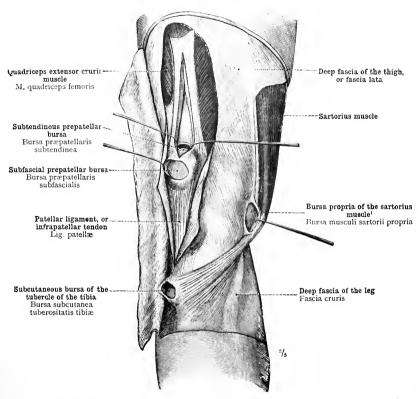


Fig. 603.—Inner Limit of the Origin of the Crureus (Vastus Intermedius) Muscle, and the Blending of the Fasciculi of that Muscle with those of the Vastus Internus (Vastus Medialis) Muscle in their Insertion into the Deep Aponeurosis of the Quadriceps Extensor Cruris Muscle. Right Thigh, seen from Within.

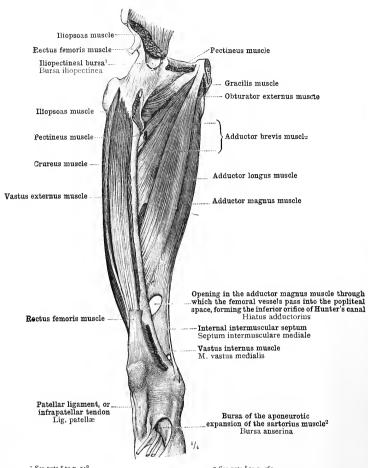
The vastus internus muscle has been divided longitudinally throughout its entire length, and has been turned forwards.



1 The bursa propria of the sartorius muscle is situate between the sartorius muscle and the upper part of the capsule of the knee-joint at the point where the muscle becomes tendinous. It is to be distinguished from a more distally situate bursa beneath the aponeurotic expansion of the tendon of the sartorius, called by the author bursa nexerina. See note 1 to p. 36x—TR.

Fig. 604.—Demonstration of Certain Bursæ in the Anterior Region of the Knee. Bursa Propria of the Sartorius Muscle. Subcutaneous Bursa of the Tubercle of the Tibia. Region of the Right Knee, seen obliquely from Before and Within.

The subfascial prepatellar pursa was opened by a longitudinal incision through the fascia lata over the front of the patella, and the subtendinous prepatellar bursa was opened by a longitudinal incision through the common tendon of the quadriceps extensor cruris muscle (subrapatellar tendon) immediately above the patella.



= See note 5 to p. 348.

2 See note 1 to p. 362.

Fig. 605.—Internal Femoral or Adductor Muscles, displayed by the Removal of the SARTORIUS, GRACILIS, PECTINEUS, RECTUS FEMORIS, AND VASTUS INTERNUS MUSCLES, THE Limb being rotated outwards. Right Thigh, seen from Before. Adductor Brevis AND ADDUCTOR LONGUS MUSCLES; INNER PORTION OF THE ADDUCTOR MAGNUS MUSCLE, WITH THE INTERNAL INTERMUSCULAR SEPTUM, AND THE OPENING (HIATUS ADDUCTORIUS) THROUGH WHICH THE FEMORAL VESSELS PASS INTO THE POPLITEAL SPACE. (THIS OPENING CONSTITUTES THE INFERIOR ORIFICE OF HUNTER'S CANAL.) OBTURATOR EXTERNUS MUSCLE. Bursa of the Aponeurotic Expansion of the Sartorius Muscle (Bursa Anserina) (see note 1 to p. 362).

Musculi femoris-Muscles of the thigh.

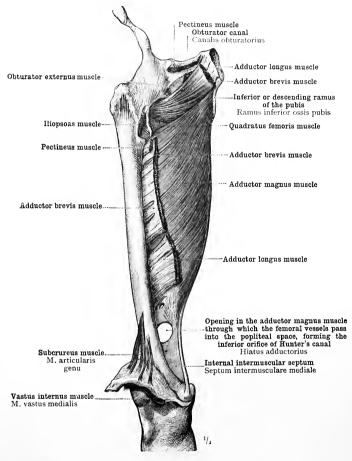


Fig. 606.—Adductor Magnus Muscle with the Internal Intermuscular Septum and the Opening (Hiatus Adductorius) through which the Femoral Vessels pass into the Popliteal Space. (This Opening constitutes the Inferior Orifice of Hunter's Canal.) Right Thigh, seen from Before. Obturator Externus Muscle. Subcrureus Muscle.

The quadriceps extensor cruris, pectineus, adductor longus, and adductor brevis muscles have been removed. The limb is in the position of external rotation.

Musculi femoris-Muscles of the thigh.

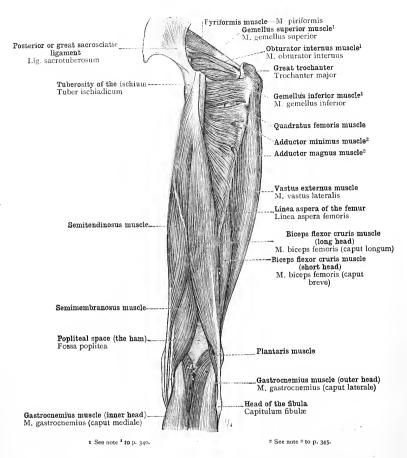


Fig. 607.—Muscles on the Posterior and Outer Sides of the Right Thigh, the Limb being rotated inwards. Seen from Behind. Biceps Flexor Cruris Muscle; Semitendinosus Muscle; Distal Portion of the Semimembranosus Muscle. Relations of the Gastrocnemius Muscle to these Muscles. Popliteal Space (the Ham). Quadratus Femoris Muscle, with the Adductor Magnus Muscle (see note 2 above) in Contact with its Lower Border. Adductor Minimus Muscle (see note 2 above), not clearly separable above from the Adductor Magnus Muscle (see note 2 above). Vastus Externus Muscle, the Outer Head of the Quadriceps Extensor Cruris Muscle.

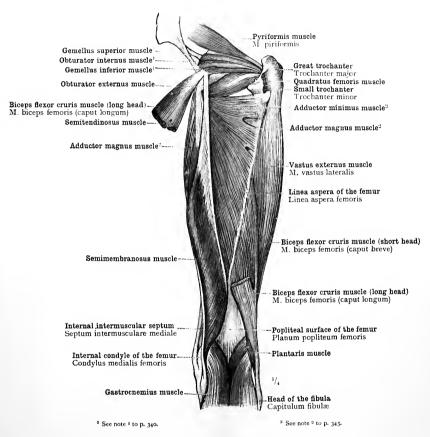


FIG. 608.—MUSCLES AT THE BACK OF THE RIGHT THIGH, THE LIMB BEING ROTATED INWARDS, THE LONG HEAD OF THE BICEPS FLEXOR CRURIS AND THE SEMITENDINOSUS MUSCLE HAVING BEEN REMOVED. SEEN FROM BEHIND. SEMIMEMBRANOSUS MUSCLE; SHORT HEAD OF THE BICEPS FLEXOR CRURIS MUSCLE; ADDUCTOR MAGNUS (see note ² above) AND ADDUCTOR MINIMUS (see note ² above) MUSCLES; VASTUS EXTERNUS MUSCLE.

By the removal of the quadratus femoris muscle, the outer portion of the obturator externus muscle has been exposed.

Musculi femoris-Muscles of the thigh.

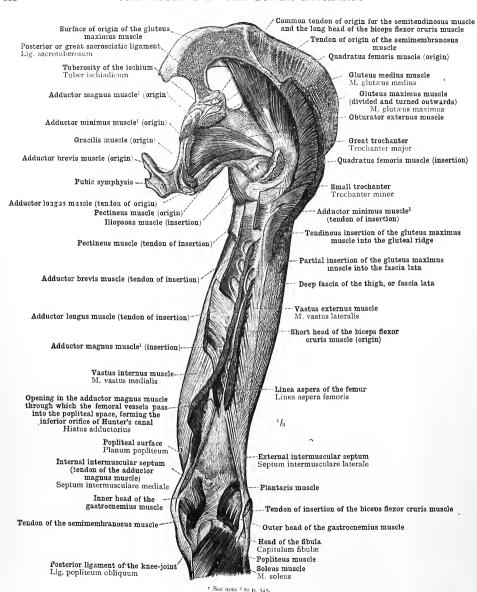
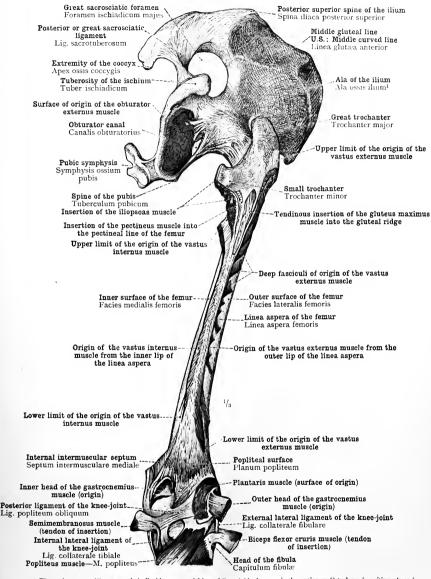


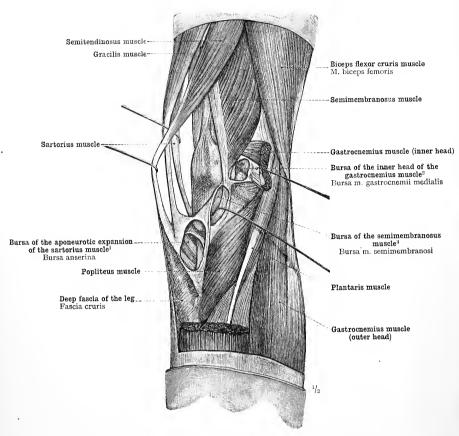
Fig. 609.—Attachment of Muscles (Origins and Insertions) to the Outer Aspect of the Hip-Bone and to the Posterior Aspect of the Femur. Right Side, seen from Behind.

Musculi femoris-Muscles of the thigh.



¹ The author treats ilium as an indeclinable mun, and I have followed him here, as in the section on Osteology, in writing ala ossis ilium instead of ala ossis ilii. English anatomists, however, when using Latin terminology, generally decline ilium, speaking of dorsum ilii, etc.—Tr.

Fig. 610.—Attachment of Muscles (Origins and Insertions) to the Posterior Aspect of the Right Femur.

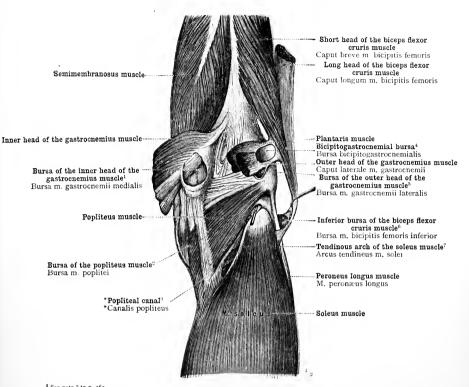


¹ The bursa of the aponeurotic expansion of the sartorius muscle (called by the author bursa anserina) is situate between the root of the aponeurotic expansion of the tendon of insertion of the sartorius muscle (**se anserina**, according to Toldt, see Fig. 600, p. 351, and note ** on same page) and the subjacent tendons of insertion of the gracilis and semitrodinous muscles. A prolongation of the bursa of the inner head of the subjacent tendons of insertion of the gracilis and semitrodinous muscles. A prolongation of the bursa and the tendon of the seminembranous muscle. This bursa frequently communicates with the knee-joint. Higher up, between the tendon of the inner head of the gastrocenemius muscle and the femur, there is usually a second, smaller synovial bursa, which may also communicate with the knee-joint.—Th.

3 The bursa of the seminembranous muscle is situate between the tendon of insertion of the seminembranosus muscle and the prominent upper margin of the groove on the internal tuberosity of the tibia into which the seminembranosus muscle is mainly inserted.—Th.

Fig. 611.—Region of the Knee, seen obliquely from Behind and Within. Right Limb. Bursæ (Subtendinous Mucous Bursæ) in the Inner Part of the Posterior Region OF THE KNEE, AS SEEN AFTER DIVISION OF THE INNER HEAD OF THE GASTROCNEMIUS MUSCLE: BURSA OF THE INNER HEAD OF THE GASTROCNEMIUS MUSCLE. BURSA OF THE SEMI-MEMBRANOSUS MUSCLE, BURSA OF THE APONEUROTIC EXPANSION OF THE SARTORIUS MUSCLE (Bursa Anserina).

Bursæ mucosæ regionis genu posterioris-Bursæ of the posterior region of the knee.



See note 2 to p. 362.
The borrar of the hopkliteus muscle (so-called) is an expansion of the synovial cavity of the knee-joint passing downwards between the tendon of origin of the popilieus muscle and the back of the outer tuberosity of the tibia. —The.
3 *Popilital Canal.—This name is not used by English anatomists. It is given by the author to the space beneath (anterior to) the tendinous arch of the soleus muscle (see note 7 on this page) through which the posterior tibial vessels and nerve pass from the popilital space beneath the soleus muscle.—This. 4 The bicipitogastrocnemial bursa is situate between the biceps flexor cruris muscle and the outer head of the gastrocnemius muscle.—TR.

5 The bursa of the outer head of the gastrocnomius muscle is situated beneath the tendon of origin of the outer head of the gastrocnomius muscle, between that tendon and the femur.—TR.

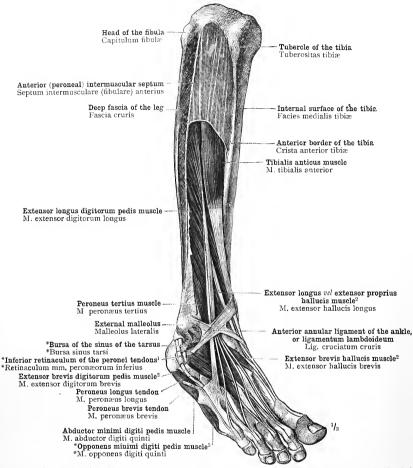
nemius muscle, between that tendon and the femur.—TR.

⁶ The inferior burna of the backes flexor cruris muscle is situate between the tendon of insertion of that muscle and the external lateral ligament of the kneepioint.—TR.

⁷ The tendinous arch of the solves muscle, passing from the upper part of the back of the fibula obliquely downwards and inwards to the upper part of the back of the tibia, arches over the tibial vessels and nerve, and serves for the origin of the middle fibres of the solens muscle.—TR.

Fig. 612.—Region of the Knee, seen from Behind. Right Limb. Bursæ (Subtendinous MUCOUS BURSÆ) IN THE OUTER PART OF THE POSTERIOR REGION OF THE KNEE, AS SEEN AFTER REMOVAL OF BOTH HEADS OF THE GASTROCNEMIUS MUSCLE AND OF THE PLANTARIS Muscle: Bicipitogastrocnemial Bursa, Bursa of the Outer Head of the Gastrocnemius MUSCLE, INFERIOR BURSA OF THE BICEPS FLEXOR CRURIS MUSCLE, BURSA OF THE POPLITEUS MUSCLE, BURSA OF THE INNER HEAD OF THE GASTROCNEMIUS MUSCLE. TENDINOUS ARCH OF THE SOLEUS MUSCLE, AND BENEATH IT (ANTERIORLY) THE ENTRANCE TO THE *POPLITEAL CANAL.

Bursæ mucosæ regionis genu posterioris-Bursæ of the posterior region of the knee.



Immediately behind and below the external malleolus the tendons of the peroneus longus and brevis muscles are contained in a single synovial sheath, the fibrous strand which binds them down, passing from the point of the outer malleolus to the outer side of the calcaneum, being called by the author retinaculum num, peroneovum superins (see Fig. 615, p. 656), and by English anatomists the external annular ligament of the archie. More distally, on the outer side of the calcaneum, each tendon has its own sheath, the two being separated by a fibrous septum and by the trochlear process op peroneal spine of the calcaneum, when that process exists. The fibrous band which binds the two tendons to the calcaneum has received no special name from English anatomists. But is called by the author retinaculum num. feromeorum inferius (see Fig. 613, subra, Fig. 615, p. 66, and Fig. 62, p. 372)—TR.

2 By many English anatomists the extenser brevis hallucis muscle is regarded, not as an independent muscle, but merely as the innermost slip of the extenser brevisis digitomum pedis muscle, and under these circumstances the extenser longus hallucis muscle is termed extenser propriate hallucis.—TR.

3 The name ophonous minimi digiti (pedis) is sometimes given to that portion of the flexor brevis minimi digiti pedis muscle which is inserted into the fifth metatarsal bone (the bulk of the muscle being isserted into the base and external border of the proximal phalanx. Occasionally (373 per cent.) this portion of the muscle being isserted into the base and external border of the proximal phalanx.

Fig. 613.—Muscles on the Front of the Right Leg: Tibialis Anticus Muscle; Extensor Longus Digitorum Pedis Muscle, with the Peroneus Tertius Muscle: Extensor Longus vel Extensor Proprius Hallucis MUSCLE (see note 2 above). Anterior (Peroneal) Intermuscular Septum. Extensor Brevis Digitorum MUSCLE (see note 2 above). BURSA OF THE SINUS OF THE TARSUS.

That portion of the deep fascia of the leg from which numerous fasciculi of the two first-named muscles arise has been retained, also that portion which covers the peronei muscles on the outer side of the leg, and the anterior annular ligament of the ankle (ligamentum lambdoideum, ligamentum cruciatum cruciatum cruciatum).

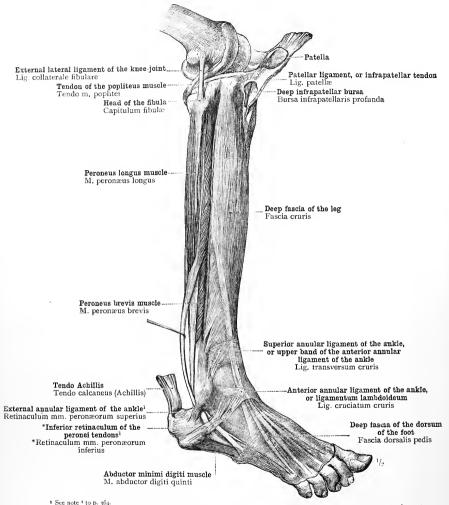


¹ See note ² to p. 364.

The fundiform ligament of Retrius is the name given to the single outer half of the ←-shaped lower band of the anterior annular ligament of the ankle; attached externally to the calcaneous, it projects upwards and inwards, furning a loop through which the tendons of the extensor longus digitorum pedis and peroneus tertius muscles pass from the front of the leg to the dorsum of the foot.—Ta.

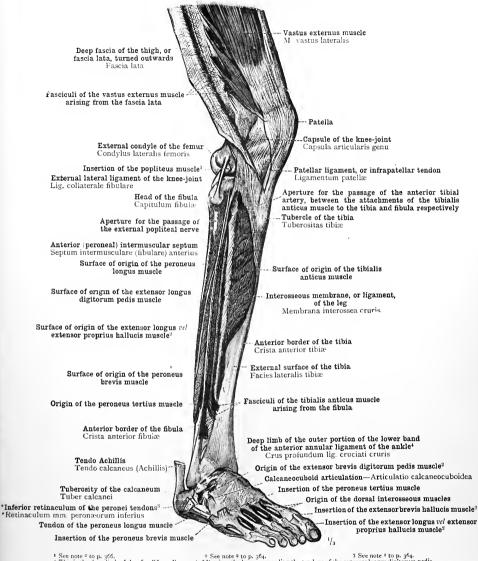
Fig. 614.—Muscles on the Front of the Right Leg, the Entensor Longus Digitorum Pedis and Peroneus Tertius Muscles having been removed: Extensor Longus vel Extensor Proprius Hallucis Muscle; Tibialis Anticus Muscle.

By the removal of the peroneus longus muscle, the fleshy belly of the peroneus brevis muscle has been laid bare. The anterior annular ligament of the ankle (ligamentum lambdoideum, ligamentum cruciatum cruris) has been divided between the tendons of the extensor longus digitorum pedis and the extensor longus *v/* extensor proprius hallucis muscles, and the outer portion of this ligament has been turned downwards, in order to demonstrate the loop of the fundiform ligament of Retzius (see note *above*) surrounding the tendons of the extensor longus digitorum pedis and peroneus tertius muscles.



1 See note 'to p. 364.
2 According to English anatomists, the femoral attachment of the popliteus is the origin of that muscle, and the tibial attachment its insertion.—TR.

Fig. 615.—Muscles on the Outer Side of the Right Leg: Peroneus Longus Muscle; Peroneus Brevis Muscle. Tendon of Insertion of the Popliteus Muscle (see note 2 above). Deep Infrapatellar Bursa. Deep Fascia of the Leg and Deep Fascia of the Dorsum of the Foot. Superior Annular Ligament of the Ankle (Ligamentum Transversum Cruris) and Anterior Annular Ligament of the Ankle (Ligamentum Lambdoideum, Ligamentum Cruciatum Cruris).



1 See note 2 to p. 366. 2 See note 1 to p. 364. 3 See note 1 to p. 364. 4 This is the deep limb of the fundiform ligament of Revision, the loop surrounding the tendons of the extensor longus digitorum pedis and peroneut sertius insuceles (see Fig. 614, p. 365, and note 2 to same page).—Tic.

Fig. 616.—Origin of Muscles from the Front and Outer Side of the Leg and from the Dorsum of the Foot. Fasciculi of the Vastus Externus Muscle arising from the Fascia Lata.

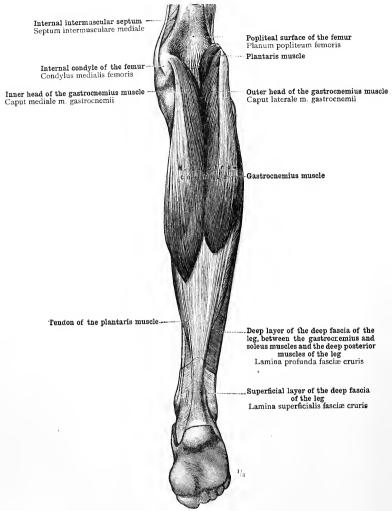


Fig. 617.—Superficial Group¹ of the Posterior Muscles of the Right Leg, First Portion: Gastrocnemius Muscle, constituting the Two Superficial Heads of the *Triceps Suræ Muscle.²

Of the deep fascia of the leg, the lower portion of the sunerficial layer, which binds down the tendo Achillis, and the deep layer, which passes from side to side between the superficial and the deep posterior muscles of the leg, have been retained. The plantaris muscle and its tendon are partially visible.

t The author divides the posterior muscles of the leg into three groups or lavers, the first, most superficial, consisting of the gastrochemism suscle; the second consisting of the plantaris and soleus muscles; and the third, deepest, consisting of the poplietus, flexor longus hallucis, flexor longus digitorum pedis (or flexor perforans), and tibialis posticus muscles. This arrangement appears a very artificial one, and I have therefore adhered to the arrangement usually adopted by English anatomists, according to which the muscles are grouped in two layers only 1 a superficial, consisting of the gastrocnemus, soleus, and plantaris muscles; and a deep, consisting of the muscles already enumerated as making up the author's third layer.—Th. 2 Trictos Surve Muscle.—This name is given by the author to the gastrocnemius and soleus, considered as a single three-headed muscle.

The name is not usually employed in England.—TR.

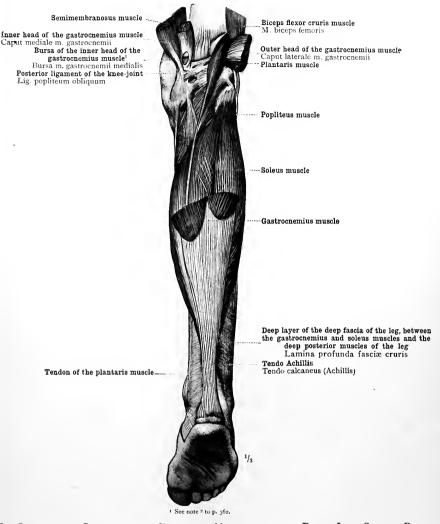
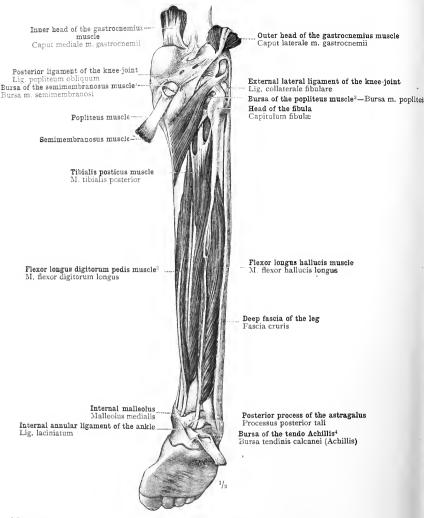


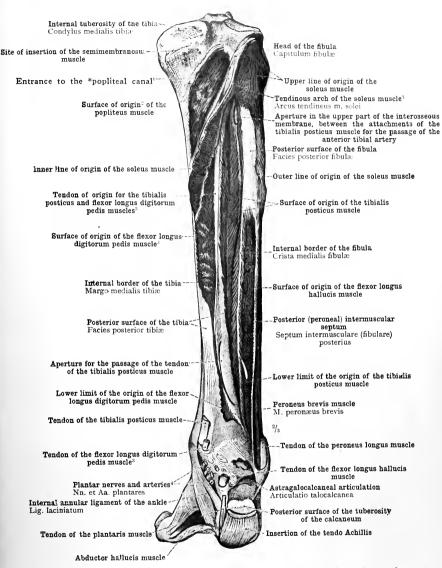
FIG. 618.—SUPERFICIAL GROUP OF THE POSTERIOR MUSCLES OF THE RIGHT LEG, SECOND PORTION (see note 1 to p. 368), as seen after the Removal of the Two Superficial Heads of the *Triceps Suræ Muscle (i.e., the Upper Part of the Gastrochemius Muscle): Soleus Muscle; Plantaris Muscle. Tendo Achillis, the Common Tendon of the Three Heads of the *Triceps Suræ Muscle (i.e., the Tendon formed by the Union of the Flat Tendons of the Gastrochemius and Soleus Muscles). Of the Deep Group of Posterior Muscles of the Leg, the Popliteus Muscle is partly visible. Deep Layer of the Deep Fascia of the Leg, which passes from Side to Side between the Superficial and the Deep Posterior Muscles of the Leg.



See note 3 to p. 362.
 Or flexor ferforans muscle.
 The bursa of the tendo Achillis is situate between that tendon and the upper part of the tuberosity of the calcaneum.—Th

FIG. 619.—DEEP GROUP OF THE POSTERIOR MUSCLES OF THE RIGHT LEG (see note 1 to p. 368), AS SEE AFTER THE REMOVAL OF ALL THREE HEADS OF THE "TRICEPS SURÆ MUSCLE (THAT IS, OF TH GASTROCNEMIUS AND SOLEUS MUSCLE). THE PLANTARIS MUSCLE, AND THE DEEP LAYER OF TH DEEP FASCIA OF THE LEG, WHICH COVERS THE DEEP MUSCLES BENEATH THE GASTROCNEMIU AND SOLEUS MUSCLES: FLEXOR LONGUS HALLUCIS MUSCLE; TIBIALIS POSTICUS MUSCLE; FLEXO LONGUS DIGITORUM PEDIS MUSCLE (see note 2 above); POPLITEUS MUSCLE. BURSA OF THE TEND ACHILLIS, BURSA OF THE POPLITEUS MUSCLE, BURSA OF THE SEMIMEMBRANOSUS MUSCLE.

In the region of the peronei muscles the deep fascia of the leg, with the posterior (peroneal) intermuscular septum, has been retained.



¹ See note ³ to p. 363.

² See note ² to p. 366.

³ Or flexor ferforans muscle.

⁴ It is unusual for the posterior tihial nerve and artery to divide into the external and internal plantar until they have passed beneath

the internal annular ligament of the ankle.—TR.

⁵ See note 7 to p. 365.

Fig. 620.—Surfaces of Origin of the Posterior Muscles of the Leg.

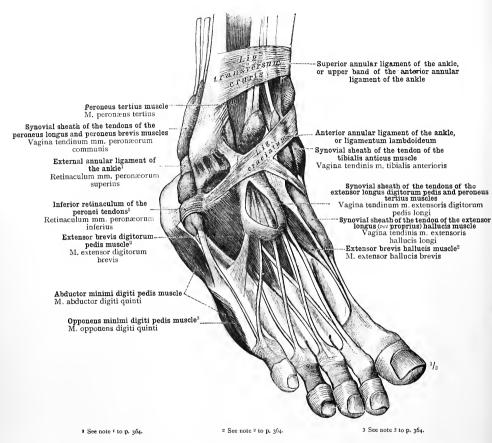
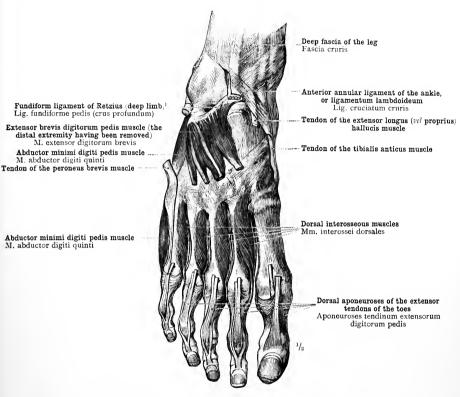


Fig. 621.—Muscles of the Dorsum and of the Outer Border of the Foot: Extensor Brevis Digitorum Muscle (see note 2 to p. 364); Extensor Brevis Hallucis Muscle (see note 2 to p. 364); Abductor Minimi Digiti Pedis Muscle; Opponens Minimi Digiti Pedis Muscle (see note 3 to p. 364). Synovial Sheaths of the Tendons on the Dorsum of the Foot and in the External Retromalleolar Region, as seen after Injection with Strong Alcohol. Retinacula Tendinum Musculorum Perinæorum, Superius et Inferius (External Annular Ligament of the Ankle and Inferior Retinaculum of the Peronei Tendons—see note 1 to p. 364). Right Foot.



* See note 2 to p. 365 and note 4 to p. 367.

Fig. 622.—Muscles of the Dorsum of the Foot, after Removal of the Tendons of the Long and Short Extensors of the Toes and the Superficial Limb of the Fundiform Ligament of Retzius. Partial Origin of the Extensor Brevis Digitorum Pedis Muscle from the Deep Limb of the Fundiform Ligament of Retzius. Dorsal Interosseous Muscles. Aponeurotic Expansions of the Extensor Tendons on the Dorsal Surface of the Toes. Right Foot.

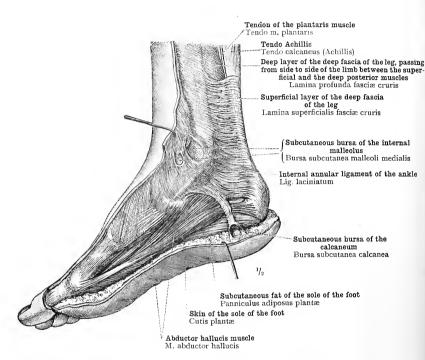


FIG. 623—Internal Malleolar and Internal Retromalleolar Regions of the Right Foot, with the Superficial Layer of the Deep Fascia of the Leg, the Internal Annular Ligament of the Ankle, and the Subcutaneous Bursa of the Internal Malleolus. The Inner Border of the Foot with the Abductor Hallucis Muscle. Subcutaneous Bursa of the Calcaneum. Seen from the Inner Side.

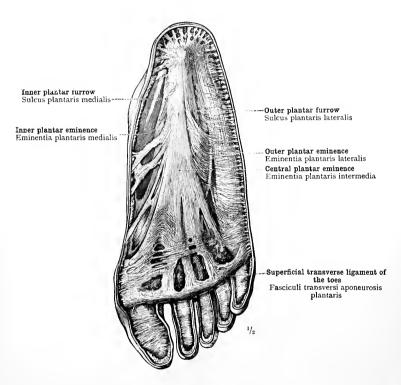
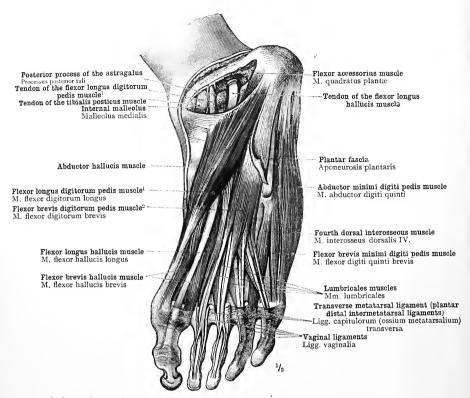


FIG. 624.—APONEUROSIS PLANTARIS, DEEP FASCIA OF THE SOLE, OR PLANTAR FASCIA, WITH THE SUPERFICIAL TRANSVERSE LIGAMENT OF THE TOES; THE FIBRES PASSING FROM THE PLANTAR FASCIA TO THE SKIN, AND THE PROCESSES TO THE DIGITAL SHEATHS; THE PLANTAR EMINENCES AND FURROWS (EMINENTIÆ PLANTARES ET SULCÆ PLANTARES) DEPENDENT ON THE DISPOSITION OF THE MUSCLES AND THE INTERMUSCULAR SEPTA. RIGHT FOOT.



¹ Or flexor perforans muscle. ² Like the author, English anatomists group the muscles of the sole in four layers, but the two classifications are not entirely identical. That of the author is given in the description at the foot of Figs. 625 to 628. According to English anothersity, the fext or superficial layer consists of the flexor brevis digitorum (or flexor perforans) and abductor minimidigiti muscles; the second layer consists of the tendons of the flexor longus digitorum (or flexor perforans) and flexor he publicis muscles; the second layer consists of the flexor digital second layer consists of the flexor digital second layer consists of the flexor hereis hallucis, adductor obliquus hallucis, adductor transversus hallucis, and flexor hereis minimi digiti muscles; and the fourth layer consists of the dorsal and plantar interoseous muscles, together with the tendons of the tibialis posticus at d peroneus longus muscles. —T.R.

FIG. 625.—FIRST OR SUPERFICIAL LAYER OF THE MUSCLES OF THE SOLE (see note 3 above), UPON WHICH THE THREE PLANTAR EMINENCES DEPEND, AS SEEN AFTER REMOVAL OF THE PLANTAR FASCIA. OF THIS LATTER, THE MIDDLE PORTION ONLY AT THE BACK OF THE SOLE HAS BEEN RETAINED, IN SO FAR AS IT GIVES ORIGIN TO THE MUSCLES. ABDUCTOR HALLUCIS MUSCLE; FLEXOR BREVIS HALLUCIS MUSCLE; FLEXOR BREVIS DIGITORUM PEDIS MUSCLE (see note 2 above); FLEXOR BREVIS MINIMI DIGITI PEDIS MUSCLE; ABDUCTOR MINIMI DIGITI PEDIS MUSCLE. RIGHT FOOT, EXTENDED. PLANTAR ASPECT.

The sheath of the flexor tendons of the toes (vaginal ligament) has been opened longitudinally in the second and third toes, but in the others has been left intact.

Musculi pedis-Muscles of the foot.

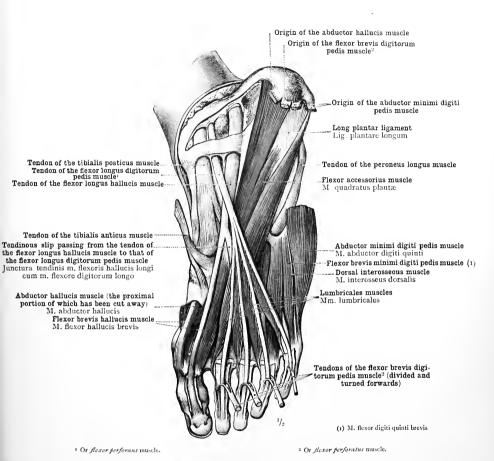
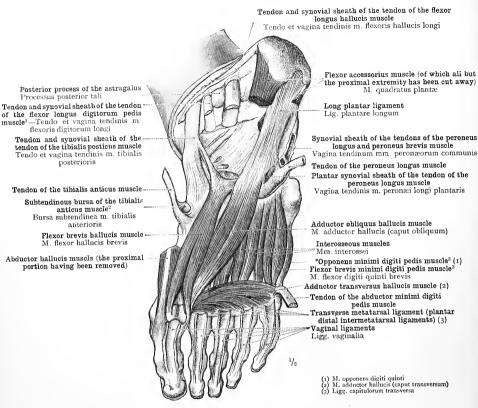


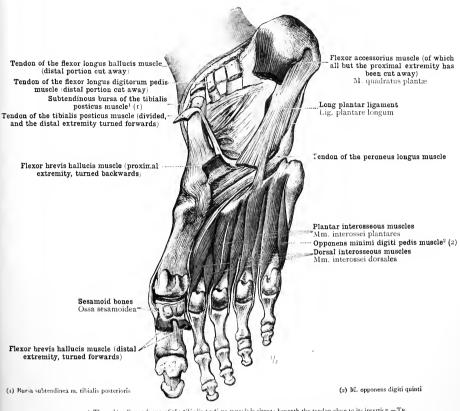
FIG. 626.—SECOND LAYER OF THE MUSCLES OF THE SOLE WITH THE TENDONS OF THE DEEP POSTERIOR MUSCLES OF THE LEG, AS SEEN AFTER THE PARTIAL REMOVAL OF THE MUSCLES OF THE FIRST LAYER: TENDON OF THE FLEXOR LONGUS DIGITORUM PEDIS MUSCLE (see note 1 above) and its Division into Four Tendons passing to the Four Smaller Toes; Flexor Accessorius (Quadratus Plantæ) and Lumbricales Muscles; Tendon of the Flexor Longus Hallucis Muscle and its Slip to the Tendon of the Flexor Longus Digitorum Pedis Muscle; Insertion of the Tibialis Anticus and Tibialis Posticus Muscles; Flexor Brevis Hallucis Muscle; Flexor Brevis Minimi Digiti Pedis Muscle. Right Foot.



1 Ox flexor perforans muscle.
2 The subtendinents bursa of the tibialis anticus muscle is situate beneath the tendon close to its insertion.—Tr.
3 See note 3 to p. 364.

FIG. 627.—THIRD LAYER OF THE MUSCLES OF THE SOLE: M. ADDUCTOR HALLUCIS, CAPUT OBLIQUUM ET CAPUT TRANSVERSUM, OR, ACCORDING TO ENGLISH ANATOMISTS, ADDUCTOR OBLIQUUS HALLUCIS AND ADDUCTOR TRANSVERSUS HALLUCIS MUSCLES; FLEXOR BREVIS HALLUCIS MUSCLE; FLEXOR BREVIS MINIMI DIGITI PEDIS AND OPPONENS MINIMI DIGITI PEDIS MUSCLES (see note 3 to p. 364). Synovial Sheaths of the Tendons of the Tibialis Posticus, Flexor Longus Digitorum Pedis, Flexor Longus Hallucis, and Peroneus Longus Muscles. Subtendinous Bursa of the Tibialis Anticus Muscle. RIGHT FOOT.

The vaginal ligaments of the toes have been opened, and their connexion with the transverse metatarsal ligament (plantar distal intermetatarsal ligaments) is displayed.



1 The subtendinous bursa of the tibialis posticus muscle is situate beneath the tendon close to its insertion.—Tr. 2 See note 3 to p. 364.

FIG. 628.—FOURTH OR DEEPEST LAYER OF THE MUSCLES OF THE SOLE, AS SEEN AFTER THE REMOVAL OF THE FLEXOR BREVIS HALLUCIS, ADDUCTOR OBLIQUUS HALLUCIS, ADDUCTOR TRANSVERSUS HALLUCIS, AND FLEXOR BREVIS MINIMI DIGITI PEDIS MUSCLES: PLANTAR AND DORSAL INTEROSSEOUS MUSCLES. RELATION OF THE INSERTION OF THE TWO BELLIES OF THE FLEXOR BREVIS HALLUCIS MUSCLE TO THE SESAMOID BONES ON THE PLANTAR SURFACE OF THE METATARSOPHALANGEAL ARTICULATION OF THE GREAT TOE. SUBTENDINOUS BURSA OF THE TIBIALIS POSTICUS MUSCLES. RIGHT FOOT.

In order to demonstrate the course of the tendon of the peroneus longus muscle through the sole of the foot and the insertion of this tendon into the outer side of the tuberosity of the first metatarsal bone, the anterior portions of the long plantar ligament have been removed.

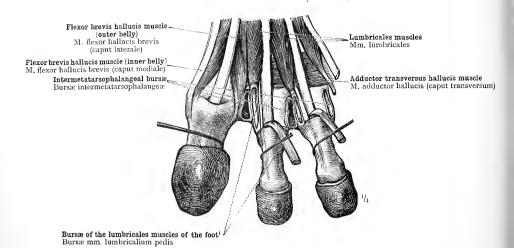
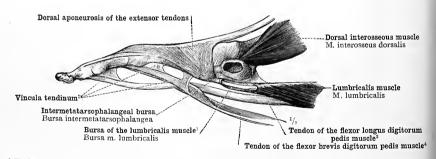


Fig. 629.—Bursæ of the Lumbricales Muscles of the Foot and Intermetatarsophalan-GEAL BURSÆ, AS SEEN FROM THE PLANTAR SURFACE. THE BURSÆ HAVE BEEN OPENED. FIRST THREE TOES OF THE RIGHT FOOT, WIDELY SEPARATED.



¹ The *Internet of the lumbricales muscles of the foot* are situate between the tendons of the lumbricales muscles and the bases of the proximal phalanges.—The tendons of the flower tendons of the toes, with their vincula, closely resembles that of the flexor tendons of the fingers. See Fig. 580 on p. 331, and note 1 on that page.—TR.

3 Or flexor perforans muscle.

4 Or flexor perforatus muscle.

Fig. 630.—Distal Extremities of the Extensor and Flexor Tendons of the Second Toe OF THE RIGHT FOOT, SEEN FROM THE INNER SIDE. DORSAL APONEUROSIS OF THE EXTENSOR Tendons. Bursa of the Lumbricalis Muscle of the Foot and Intermetatarso-PHALANGEAL BURSA. VINCULA TENDINUM.

SUPPLEMENT TO THE MYOLOGY

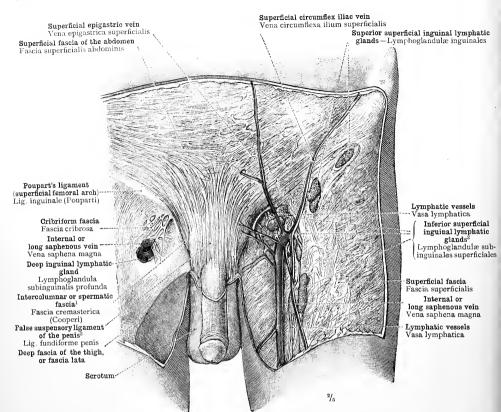
CANALIS INGUINALIS,

THE INGUINAL CANAL,

AND

CANALIS FEMORALIS,

THE FEMORAL OR CRURAL CANAL



¹ Fascia Cremasterica (Cooperi).—This is not the cremasteric fuscia of English anatomists, nor is it the fuscia propria of Astley Cooper, but the intercolumnary or spermatic fuscia. See note ¹ to p. 501 in Part IV.—Th.

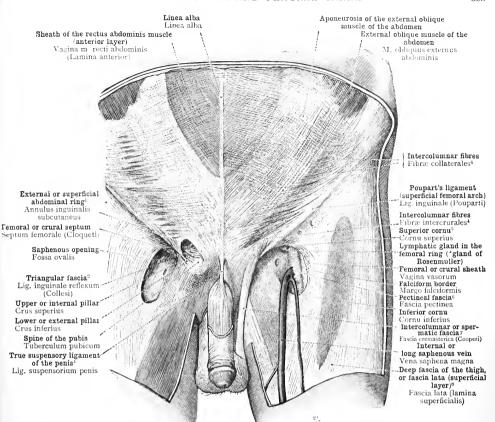
² The surpensory ligament of the penic consists of two parts; a superficial, the false supensory ligament; and a deep, the true suspensory ligament. The former, called by the author legumentum fundiform penis, when artificially separated from the fuscia of the addomen and the dorsum of the penis (of which it forms a part), is a flattened piece of connective tissue with edges directed laterally and surfaces directed forwards and backwards, respectively.

The latter, called by the author ligamentum supensorium penis, when dissected to the dorsum of the penis, whilst its surfaces look, right and to left (see Fig. 652). The false suspensory ligament contains many yellow a 3 Often called the femoral lymphatic glands.

3 Often called the femoral lymphatic glands.

FIG. 631.—SUPERFICIAL FASCIA OF THE ANTERIOR WALL OF THE ABDOMEN, WITH THE FALSE SUSPENSORY LIGAMENT OF THE PENIS (LIGAMENTUM FUNDIFORME PENIS) AND THE CREMASTERIC FASCIA (FASCIA CREMASTERICA COOPERI) COVERING THE SPERMATIC CORD. IN THE PORTION OF THE LEFT THIGH FROM WHICH THE SKIN HAS BEEN REMOVED WE SEE THE SUPERFICIAL FASCIA WITH THE SUPERFICIAL INGUINAL AND FEMORAL LYMPHATIC GLANDS AND THE SUBCUTANEOUS VEINS. IN THE RIGHT THIGH THE SUPERFICIAL FASCIA, THE SUPERFICIAL LYMPHATIC GLANDS, AND THE SUBCUTANEOUS VEINS, HAVE BEEN REMOVED, AND THE FASCIA LATA AND THE CRIBRIFORM FASCIA ARE LAID BARE.

Subcutaneous Structures of the Hypogastric and Inguinal Regions.



¹ Or external inguinal aperture.

The triangular fiscia, or ligamentum inguinale reflexum Collesi, consists of some of the fibres of Gimbernat's ligament and of the outer pillar of the external addominal ring which pass upwards and inwards beneath the spermatic cord in front of, and incorporated with, the anterior layer of the sheath of the rectus abdominis muscle to reach the middle line, where they interlace with the fibres of the opposite side. The development of this fase in is variable, being inversely proportional with that of the pyramidalis muscle, of the sheath of which it forms a specialized part.—TR.

it forms a specialized part.— 1 is.

3 Sec note 2 to p. 352-s.

4 Sec note 2 to p. 352-s.

4 Sec note 2 to p. 352-s.

5 Sec note 2 to p. 362-s.

6 Or public portion of the fiscia luta.

7 Sec note 2 to p. 362-s.

8 Sec note 2 to p. 349-s.

Fig. 632.—In the Hypogastric Region, by the Removal of the Superficial Fascia, the Aponeurosis OF THE EXTERNAL OBLIQUE MUSCLE OF THE ABDOMEN AND THE ANTERIOR LAYER OF THE SHEATH OF THE RECTUS ABDOMINIS MUSCLE HAVE BEEN LAID BARE. IN THE INGUINAL REGION, ON THE RIGHT SIDE OF THE BODY, WE SEE THE EXTERNAL OR SUPERFICIAL ABDOMINAL RING (EXTERNAL INGUINAL APERTURE) WITH ITS TWO PILLARS, UPPER OR INTERNAL, AND LOWER OR EXTERNAL, RESPECTIVELY, WHICH ARE FULLY DISPLAYED BY THE REMOVAL OF THE SPERMATIC CORD; ON THE LEFT SIDE, ON THE OTHER HAND, THE SPERMATIC CORD WITH ITS COVERINGS HAS BEEN LEFT INTACT, AND THE EXTERNAL ABDOMINAL RING IS, CONSEQUENTLY, CLOSED. IN THE SUBINGUINAL REGION, THE CRIBRIFORM FASCIA HAVING BEEN REMOVED, THE SAPHENOUS OPENING (FOSSA OVALIS, FEMORAL APERTURE OF THE FEMORAL OR CRURAL Canal) IS LAID BARE, WITH ITS FALCIFORM BORDER AND SUPERIOR AND INFERIOR CORNUA, ON THE LEFT SIDE ALSO WITH THE INTERNAL OR LONG SAPHENOUS VEIN AND THE FEMORAL OR CRURAL SHEATH, WHILST ON THE RIGHT SIDE THE FEMORAL ARTERY AND VEIN HAVE BEEN REMOVED.

The relation of the external abdominal ring to the spermatic cord and to the saphenous opening is to be noted,

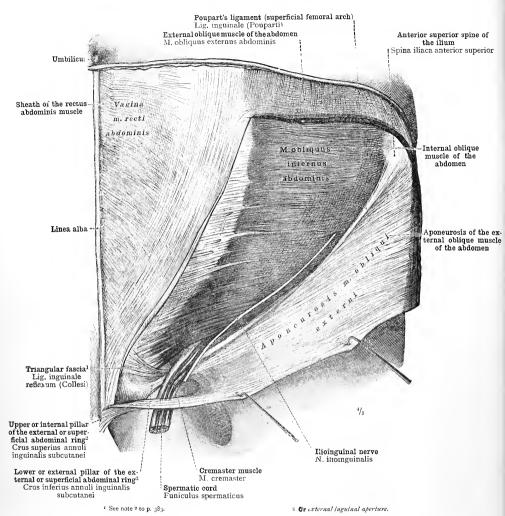


FIG. 633.—INNER PORTION OF THE LEFT INGUINAL CANAL; FROM THE EXTERNAL OR SUPERFICIAL ABDOMINAL RING (EXTERNAL INGUINAL APERTURE) TO THE APERTURE FOR THE SPERMATIC CORD IN THE INTERNAL OBLIQUE MUSCLE OF THE ABDOMEN, DISPLAYED BY THE REMOVAL OF A PORTION OF THE EXTERNAL OBLIQUE MUSCLE OF THE ABDOMEN. CONTINUITY OF THE CREMASTER MUSCLE WITH THE LOWERMOST FASCICULI OF THE INTERNAL OBLIQUE MUSCLE OF THE ABDOMEN. TRIANGULAR FASCIA, OR LIGAMENTUM INGUINALE REFLEXUM (COLLESI).

The lower part of the aponeurosis of the external oblique muscle of the abdomen, together with the upper or internal pillar of the external abdominal ring, has been turned downwards.

Canalis inguinalis-Inguinal canal.

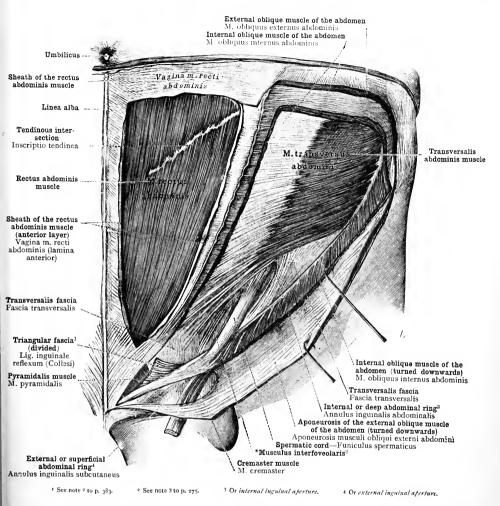
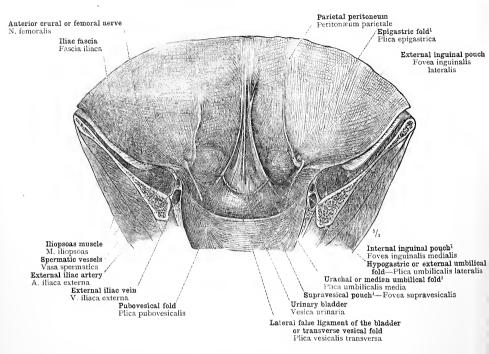


Fig. 634.—Outer Portion of the Left Inguinal Canal, from the Aperture for the Spermatic Cord in the Internal Oblique Muscle of the Abdomen to the Internal or Deep Abdominal Ring (Internal Inguinal Aperture), displayed by the Removal of a Portion of the Internal Oblique Muscle of the Abdomen. Musculus Interfoveolaris (see note 3 to p. 275), the Fibres of which lie in Front of the Ligamentum Interfoveolare or Ligament of Hesselbach (see note 1 to p. 387), which is itself not defined in the Figure.

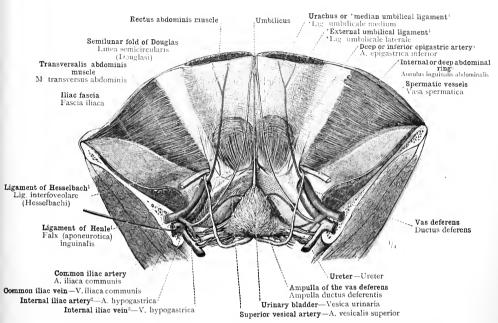


I By some authorities the space between the urachal fold and the hypogastric fold (called here supravesical pouch) is termed internal inquinal pouch; and the space between the hypogastric fold and the epigastric fold (called here internal inquinal pouch) is termed intended inquinal pouch. The author's nomenclature is to be preferred. The epigastric fold, on the outer day, and a line drawn on the inner surface of the arterior abdominal wall corresponding to the outer margin of the rectus abdominis muscle, on the inner side, form the sides, while Poppart's ligament forms the base, of a triangular space, assually called the triangle of Hesselbach, through which a direct inguinal properties. hernia passes.—Tr.

2 Also called the superior false ligament, or suspensory ligament, of the bladder.

FIG. 635.—LOWER PORTION OF THE ANTERIOR WALL OF THE ABDOMEN SEEN FROM BEHIND, SHOWING THE PARIETAL PERITONEUM WITH ITS FOLDS AND POUCHES: PLICA UMBILICALIS LATERALIS, THE HYPOGASTRIC OR EXTERNAL UMBILICAL FOLD; PLICA UMBILICALIS MEDIA, THE URACHAL OR MEDIAN UMBILICAL FOLD (see note 2 above); PLICA EPIGASTRICA, THE EPIGASTRIC FOLD. FOVEÆ INGUINALES, LATERALIS ET MEDIA, THE EXTERNAL AND INTERNAL INGUINAL POUCHES: FOVEA SUPRAVESICALIS, THE SUPRAVESICAL POUCH. PLICA Vesicalis Transversa, the Lateral False Ligament of the Bladder or Transverse VESICAL FOLD. PLICE PUBOVESICALES, THE PUBOVESICAL FOLDS.

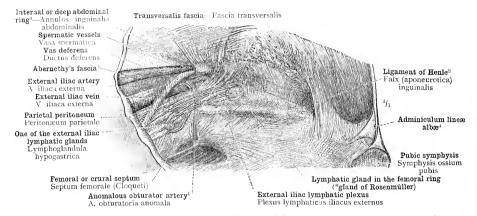
(Coronal section through the lower part of the trunk.)



1 The conjoined tendon of the internal oblique muscle of the abdomen and the transversalis abdominis muscle is often divided, or can be readily divided by dissection, into two parts. The outer of these is called the ligament of Hesselbach, or diagmentum interpretative, and the inner is known as the ligament of Henselback, and the inner is known as the ligament of Henselback, and the inner is known as the ligament of Henselback, and the inner hand a mobilized ligament consists of a fibrous cord, the reaching sextending from the apex of the bladder to the umbilicus, and, when covered by pertineum, constitutes the wachat or median umbilized following the perturbative constitutes the wachat or median umbilized following the perturbative constitutes the wachat or median umbilized following the different dispognative artery, extending from the superior vesical artery (close to its origin from the internal life artery) near the side of the biliterated bypognative artery, extending from the abdome to the umbilicus, and, when covered by perturbative, constitutes the hypognative or external umbilized fold. See Fig. 635, ps. 386.—The.

3 The deep or inferior epigastric artery extends from the external iliac artery along the anterior wall of the abdomen, external to and parallel with the obliterated hypogastric artery, and, when covered with peritoneum, constitutes the epigastric fold. See Fig. 635, p. 386.—Tr.
Or internal inguinal aperture.

Fig. 636.—Lower Portion of the Anterior Wall of the Abdomen and the Anterior Wall of the Pelvis, with the Urinary Bladder, seen from Behind, the Parietal PERITONEUM AND THE TRANSVERSALIS FASCIA HAVING BEEN REMOVED. LIGAMENT OF HESSELBACH (LIGAMENTUM INTERFOVEOLARE); *MEDIAN (see note 3 above) AND *EXTERNAL (see note 4 above) Umbilical Ligaments; Deep or Inferior Epigastric Artery. Internal or DEEP ABDOMINAL RING (INTERNAL INGUINAL APERTURE). LIGAMENT OF HENLE (FALX Aponeurotica Inguinalis). Vas Deferens.



1 Anomalous Obturator Artery.—The normal origin of the obturator artery is from the internal iliac artery, and it sends an anastomotic branch to the deep epigastric artery; but quite frequently this anastomotic branch becomes the main trunk, so that the obturator artery arises, as here, from the external iliac in common with the deep epigastric. When the anomalous obturator artery takes the course shown in the figure, directly downwards across the internal iliac vein to reach the obturator canal, the anomalous is of little practical importance; but in some cases (once in fifty-eight bodies, and more often in males than females) the anomalous obturator artery courses first inwards, and then arches backwards on the inner side of the femoral ring, so that it is in danger of being cut when dividing the stricture in cases of

strangulated femoral bernia.—TR.

2 See note 1 to p. 387.

3/4dmin.culum Linee Albae.—This name is given to the triangular expansion which spreads out to the right and the left of the lower and of the linea alba, by means of which expansion the linea alba is attached on each side to the crest of the pubis behind the outer head of the rectus abdominis muscle.—TR.

4 Or internal inguinal aborture.

4 Or internal ingrinal aperture.
5 The fascia covering the external iliac vessels is known as Abernethy's fascia.—Tr.

FIG. 637.—REGION OF THE INGUINAL POUCHES, FOVEÆ INGUINALES. AS SEEN AFTER THE PARIFTAL PERITONEUM HAS BEEN STRIPPED FROM THE ABDOMINAL WALL. LEFT SIDE OF THE BODY. RELATION OF THE TRANSVERSALIS FASCIA TO THE INTERNAL OR DEEP ABDOMINAL RING (INTERNAL INGUINAL APERTURE) AND TO THE FEMORAL OR CRURAL RING. CONNEXION OF THE TRANSVERSALIS FASCIA WITH THE SHEATH OF THE EXTERNAL ILIAC ARTERY AND VEIN (see note 5 chove): Septum Femorale (Cloqueti), the Femoral or Crural Septum. PROLONGATION (20) THE TRANSVERSALIS FASCIA FROM THE INTERNAL ABDOMINAL RING ON TO THE SPERMATIC VESSELS AND THE VAS DEFERENS (INFUNDIBULIFORM FASCIA). RELATIONS OF THE EXTERNAL ILIAC LYMPHATIC PLEXUS AND OF THE *LYMPHATIC GLAND OF ROSENMÜLLER TO THE FEMORAL (OR CRURAL) RING, OCCLUDED BY THE FEMORAL (OR CRURAL) SEPTUM.

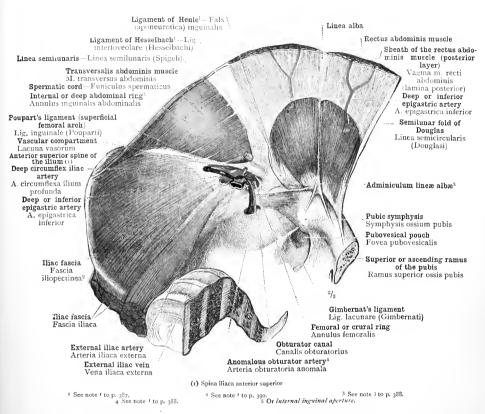


Fig. 638.—Annulus Inguinalis Abdominalis, Internal or Deep Abdominal Ring (Internal Inguinal Aperture), and Annulus Femoralis, Femoral or Crural Ring, laid bare on the Left Side of the Body by the Removal of the Parietal Peritoneum and the Transversalis Fascia; seen from Behind. Ligamentum Interfoveolare (Hesselbachi), Ligament of Hesselbachi, and Falx (Aponeurotica) Inguinalis, Ligament of Henle. Relation of the Obturator Artery, which in this Instance arises from the Deep Epigastric Artery, to the Femoral or Crural Ring.

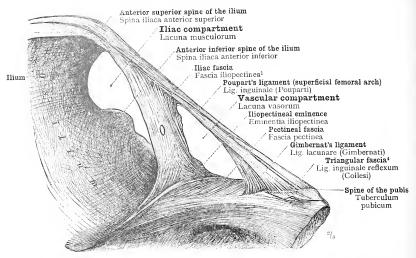
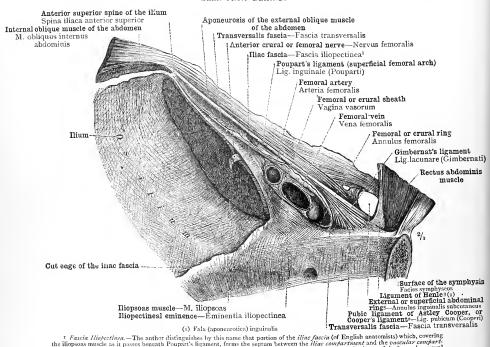


FIG. 639—LACUNA MUSCULORUM ET LACUNA VASORUM, ILIAC COMPARTMENT AND VASCULAR COMPARTMENT.

SEEN FROM BEHIND.



1 Fascia Iliopectinea.—The author distinguishes by this name that portion of the iliae fascia (6 English anatomists) which, covering the iliopsoas muscle as it passes beneath Poupart's ligament, forms the septum between the iliae compartment and the vascular compartment of the space beneath that ligament, and passing inwards behind the femoral vessels to form the posterior layer of the femoral or crural sheath becomes continuous with the public portion of the fascia altae of the thigh, or peclineal fascia (see description at foot of Fig. 508), p. 349. From the fact that this portion serves to connect the iliae with the pectineal fascia arises the name "liopectineal fascia. —The "Public Ligament of Astlety Copher, or Cooper's Ligament.—This name is given to a thickneed bundle of transverse filters at the upper part of the pectineal fascia along its attachment to the innermost portion of the iliopectineal line. The filters are closely connected with, 3 See note 1 to p. 387.

3 See note 1 to p. 387.

4 See note 2 to p. 383.

5 Or external inguinal aperture.

FIG. 640.—PARTS BENEATH POUPART'S LIGAMENT, THE CONTENTS OF THE LACUNA MUSCULORUM OR ILIAC COMPARTMENT AND LACUNA VASCULORUM OR VASCULAR COMPARTMENT, AND THEIR MUTUAL RELATIONS. LEFT SIDE; SEEN FROM BEHIND.

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TO THE

MYOLOGY

AND TO

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INDEX

TO THE MYOLOGY

AND TO THE SUPPLEMENT ON THE ANATOMY OF HERNIA

Certain names in this Index have an asterisk (*) prefixed; these, as more fully explained in the Translator's Preface, being terms that form part of the English nomenclature sed in this work, but which are not commonly employed by English anatomists. To other names a dagger (1) is prefixed; these are Latin names used by the author in the original work, but not included in the official nomenclature of the "Anatomische Gesellschaft."

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AN ATLAS

OF

HUMAN ANATOMY

FOR STUDENTS AND PHYSICIANS

BY

CARL TOLDT, M.D.

ASSISTED BY

PROFESSOR ALOIS DALLA ROSA, M.D.

Adapted to English and American and International Terminology

BY

M. EDEN PAUL, M.D. BRUX., M.R.C.S., L.R.C.P.

FOURTH SECTION

E. SPLANCHNOLOGY (FIGURES 641 TO 932 AND INDEX)

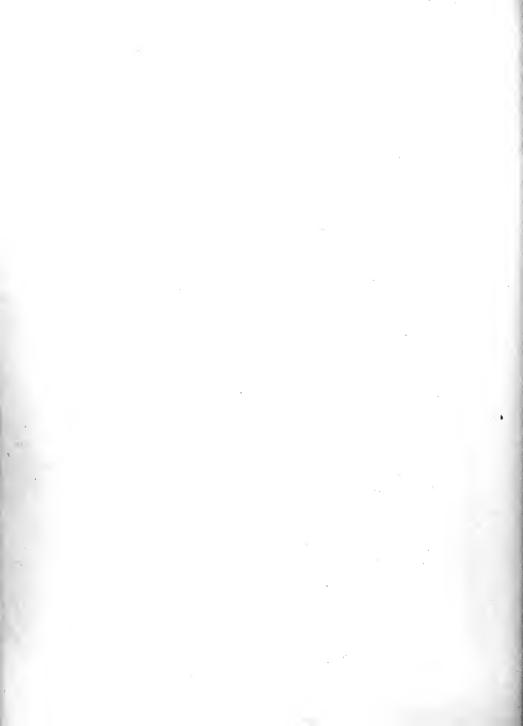
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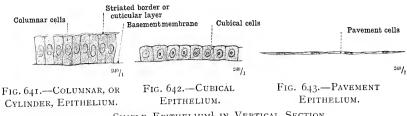
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SPLANCHNOLOGIA SPLANCHNOLOGY



SPLANCHNOLOGY—GENERAL CONSIDERATIONS



SIMPLE EPITHELIUM IN VERTICAL SECTION.

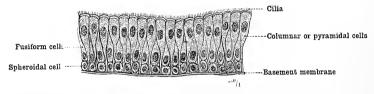


Fig. 644.—Transitional Columnar Ciliated Epithelium in Vertical Section.

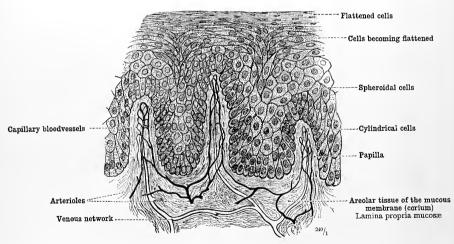
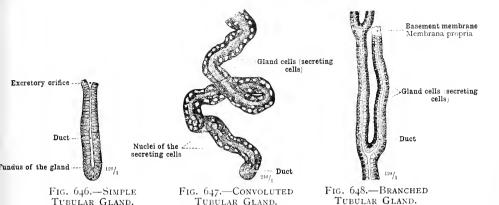


Fig. 645.—Stratified Epithelium in Vertical Section (Mucous Membrane of the LOWER LIP).

The bloodvessels of the mucous membrane have been artificially injected.

¹ Classification of Epithelia.—An epithelium consisting of a single layer of cells is called a simple epithelium, in contradistinction to a stratified epithelium, which consists of numerous layers of cells. Where two or three layers of cells only are found, the cells nearer the basement membrane heing usually smaller, and dovetailed among the bases of the superficial cells, the epithelium is called transitional. Transitional and stratified epithelium are grouped together as compound epithelia.—Tr.



GLANDULÆ TUBULOSÆ—TUBULAR GLANDS.

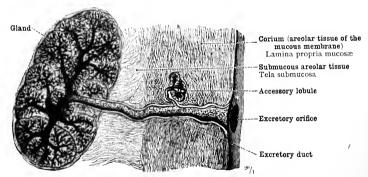


Fig. 649.—Racemose or Acinous Gland (Glandula Alveolaris Simplex¹), the Ducts of which have been injected (Labial Gland).

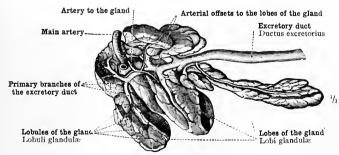


FIG. 650.—RACEMOSE OR ACINOUS GLAND (GLANDULA ALVEOLARIS COMPOSITA¹), THE LOBES OF WHICH HAVE BEEN ARTIFICIALLY ISOLATED AND DRAWN APART (THE SUBMANILLARY GLAND).

^{*} Though the labial gland shown in Fig. 649 is called by the author glandula alveolaria simplex, and the submaxillary gland whom in Fig. 650 glandula alveolaria compositie, both are composind glands according to the English termonleygy, in which a gland is regarded as imple only when it consists of a single, unbranched cavity, tubular or saccular, as the case may be.—Th.

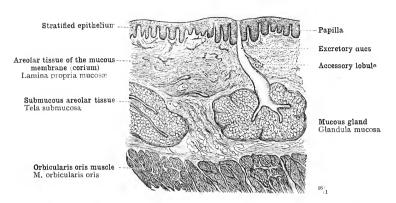


Fig. 651.—Mucous Membrane, with Papillæ, Stratified Epithelium, and Racemose Glands, in Vertical Section (Mucous Membrane of the Lower Lip).

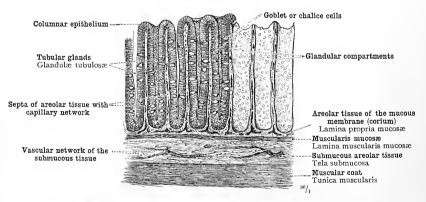


Fig. 652.—Mucous Membrane with Columnar Epithelium and Tubular Glands in Vertical Section (Mucous Membrane of the Large Intestine).

On the right side of the preparation three of the glands have fallen out, bringing into view the areolar tissue of the mucous membrane (corium) with its compartments for the glands.

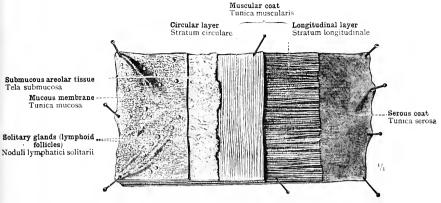


Fig. 653.—The Layers of the Intestinal Wall shown by the Removal of the Successive Coats in a Portion stretched out flat.

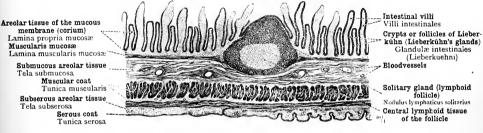


Fig. 654.—Vertical Section through the Wall of the Small Intestine (Intestinum Ileum)
In the Direction of its Length. Nodulus Lymphaticus Solitarius, Solitary Gland
(Lymphoid Follicle). Glandulæ Intestinales (Lieberkuehni), Crypts or Follicles of
Lieberkühn (Lieberkühn's Glands).

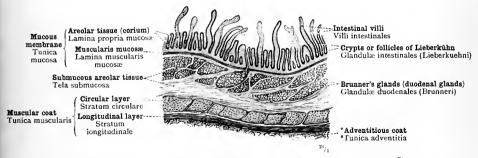


FIG. 655.—VERTICAL SECTION THROUGH THE WALL OF THE DUODENUM IN THE DIRECTION OF ITS LENGTH. GLANDULÆ DUODENALES (BRUNNERI), BRUNNER'S GLANDS (DUODENAL GLANDS).

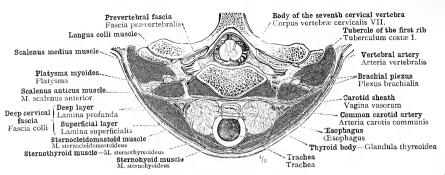


Fig. 656.—Viscus, the Outer Surface of which is throughout connected with the Wall of the Body-Cavity (Cœlom) by Means of Areolar Tissue. Horizontal Section through the Lower Part of the Neck. Semi-Diagrammatic.

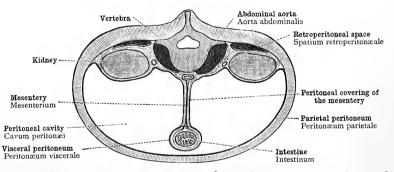


Fig. 657.—Portion of Intestine, freely mobile, the Outer Surface having a Serous Investment (Tunica Serosa). Connected with the Wall of the Body-Cavity (Cœlom) by Means of a Free Mesentery. Parietal and Visceral Layers of the Peritoneum. Diagrammatic.

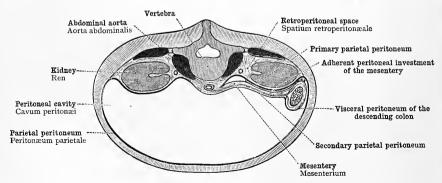


Fig. 658.—Secondary Adhesion to the Body-Wall of a Portion of Intestine, originally freely mobile. Primary and Secondary Parietal Peritoneum. Diagrammatic.

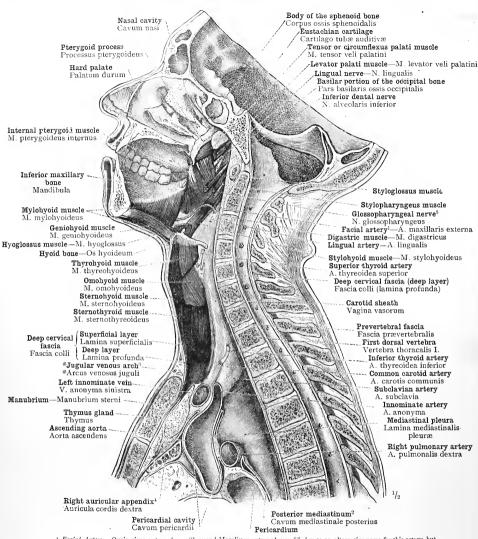
Relations of the Viscera to the Body-Wall.

APPARATUS DIGESTORIUS THE ORGANS OF DIGESTION

CEPHALIC AND CERVICAL PORTIONS

OF THE

DIGESTIVE ORGANS



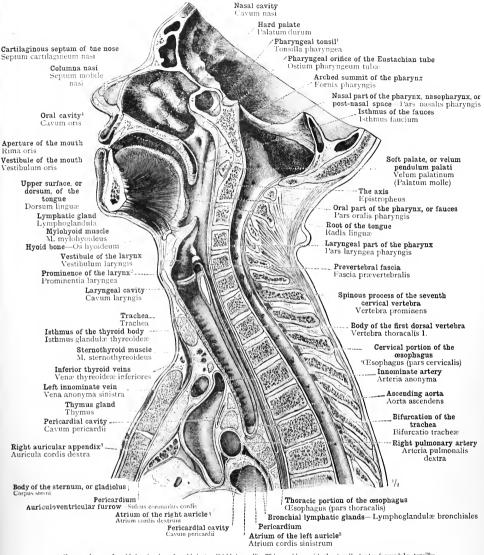
* Facial Artery.—Quain gives external maxillary and Macalister external mandibular as an alternative name for this artery, but it is so rarely in England called anything but the facial artery, that I have not thought it necessary to mention these synonyms in the

text.—Tk.

2 Mediastinum.—The word mediastrum (per medium tensum, "stretched through the middle") properly denotes the bilaminar median partition between the right and left pleural cavities; the space between these layers, cavam mediastrialet, should, strictly, be spoken of as the mediastrial activity or space. In England, however, it is customary, when spacing of the various divisions of this cavity, to call them, by metonyiny, simply anterior mediastinum, middle mediastinum, posterior mediastinum, and superior mediastinum, posterior mediastinum, and superior mediastinum paper (spatial ministerapponeroticum suprasternals, or Burns's space) hetween the two anterior jugular veins, and to those portions of the anterior jugular veins below the communicating branch, which run outwards on each side behind the origin of the sterno-chelomastical muscle to open into the lower end of the external jugular vein. A transverse venous arch is thus formed at the root of the neck one of the caternal jugular vein.—Tk.

5 Or ninth cranial nerve.

FIG. 659.—VISCERAL CAVITY (C(ELOM) OF THE HEAD AND NECK, AND ITS CONNEXION WITH THE VISCERAL CAVITY (CŒLOM) OF THE THORAX, IN MEDIAN SAGITTAL SECTION. FROM A WELL-HARDENED BODY, DIVIDED SAGITTALLY IN THE MEDIAN PLANE, WITH THE VISCERA REMOVED. RIGHT SIDE.

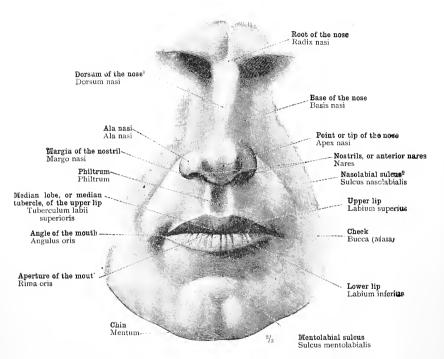


¹ Known also as Linschka's gland or Linschka's tonsil (third tonsil). This combines with the tonsils profer (amygdalæ, tonsillæpalatines) and the lingual tonsil (fourth tonsil, see note 4 to p. 446) to form a ring of lymphoid tissue round the commencement of the fauces, the community of which in the earlier stages of development is almost unbroken. It has been called by Waldeyer the lymphoid faucial ring.—Th.

the community of which in the second continuity of which is proper and primitive meaning, devoting what in England is usually called the auxicular approach; while it which the main cavity, in England usually mismained auxicle, is by the author called atrium. As the name auxicular approach to the appendix owing to its resemblance in shape to the triangular external ear with pointed tip of many animals, it is obvious that the Continental usage is to be preferred.—Tit.

4 See note 3 to p. 444.

Fig. 660.—Cephalic and Cervical Viscera, and their Passage into the Thoracic Cavity, in Median Sagittal Section.



¹ The upper or bony part of the dorsum of the nose is often spoken of as the bridge.—TR.

² At its upper extremity the nasolabial sulcus is continued on to the side of the nose, above the ala, and is here termed the alar sulcus.—TR.

Fig. 661.—Parts of the Face having Relation to the Viscera. From the Photograph OF A Young Man.

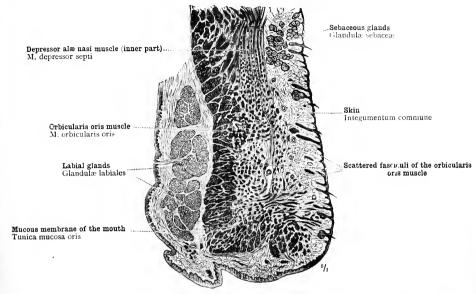
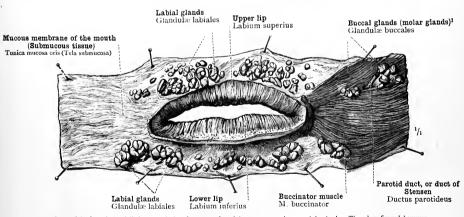


Fig. 662.—Sagittal Section through the Middle of the Upper Lip, showing its Layers, and the Transition of the Skin into the Mucous Membrane of the Mouth.

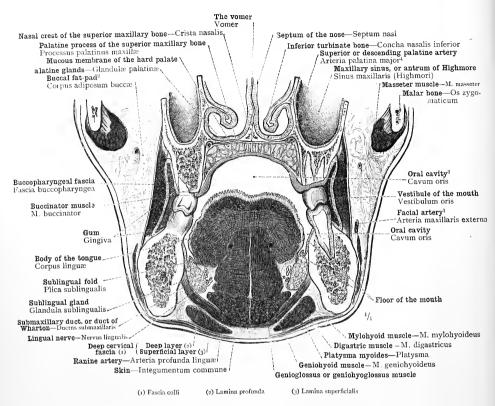


¹ Some of the *buccal glands* lie between the buccinator muscle and the mucous membrane and the cheek. Those here figured, however, larger than the rest, are between the buccinator and masseter muscles. They open by separate ducts near the last molar tooth, and are distinguished as *molar glands*.—Tk.

FIG. 663.—MUCOUS GLANDS OF THE LIPS AND THE CHEEKS, LABIAL AND BUCCAL (MOLAR) GLANDS, LAID BARE BY THE REMOVAL OF THE SKIN, THE ORBICULARIS ORIS, AND THE ADJACENT MUSCLES. THE MUCOUS MEMBRANE IS SEEN FROM BEFORE.

On the left side the buccinator muscle has not been removed.

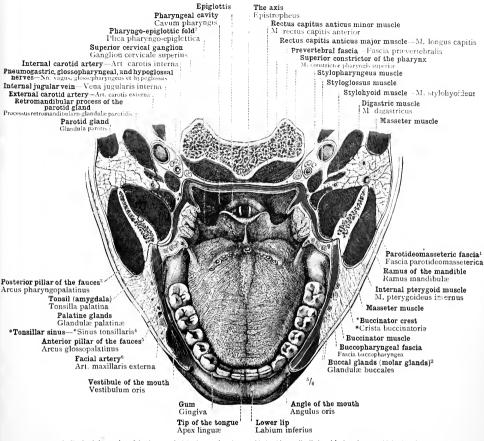
Labia oris-The lips.



I See note 1 to p. 410.

• see note '10 p. 410.
2 Sometimes, but inappropriately, named the sucking-had.—TR.
3 A large cavity, such as is here represented, does not usually exist in the mouth. Normally when the mouth is closed the dorsum of the tongue is almost in apposition with the palate, being separat-d from it only by a narrow slit.—TR.
A steep a Falatina Major.—This name is given by the author to the superior or descending palatine artery, arteria palatina descendens, after its emergence on to the inferior surface of the hard palatine.—TR.

Fig. 664.—Coronal Section through the Face between the First and Second Molar TEETH, WALLS OF THE ORAL CAVITY: UPPER WALL, OR ROOF OF THE MOUTH, CONSISTING OF THE HARD PALATE, PALATUM DURUM; LOWER WALL, OR FLOOR OF THE MOUTH, WITH THE SUBLINGUAL GLAND; LATERAL WALLS OF THE MOUTH, FORMED BY THE MUCOUS MEMBRANE OF THE CHEEKS. CAVUM ORIS, ORAL CAVITY, THE INTERIOR OF THE MOUTH (see note 3 above); Vestibulum Oris, the Vestibule of the Mouth. The Diaphragma ORIS. FORMED BY THE TWO MYLOHYOID MUSCLES AND STRENGTHENED BY THE TWO GENIOHVOID MUSCLES. SEEN FROM BEFORE.



1 In England the portion of the deep cervical fascia covering the parotid gland is usually distinguished as the parotid fascia; that covering the masseter muscle, as the masseteric fascia.—TR.

2 See note 1 to p. 413.

3 Also known as the posterior palatine, or pharyngopalatine, arch.

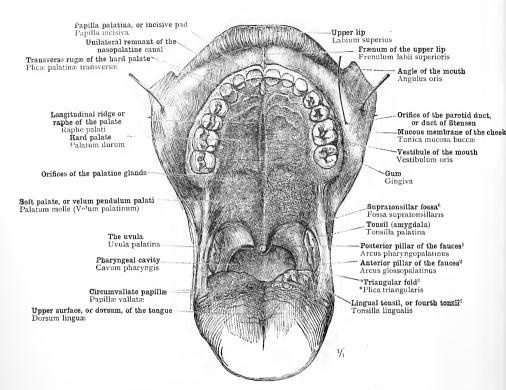
4 Sinus Tousillaris.—The tonsil, in the factus, develops in a depression between the pillars of the fauces, called the "tonsillaris riams above the tonsil via this depression is not completely filled by the tonsil when that organ has attained its full size, and there usually remains above the tonsil viangular hollow, the subgraviousliar fosca, which persists through the adult life. In front of and behind the tonsil the pillars of the fascis may either remain distinct, with a groove of variable depth, the remains of the tonsillar sinus, between them and the tonsil; or else the tonsil may become united with one or both the pillars, in which case a portion of the latter, becoming convent into lymphod tissue, conset form an actual constituent part of the tonsil.—Yun Langer and Toldt's "Anatomy," 7th ed., p. 3co. (Fig. 671, p. 418, shows such an adhesion hetween the tonsil and the posterior pillar of the stances).—Tr.

5 Known also as the anterior palatine, or glossopalatine, arch.

5 Known also as the anterior patatine, or glossopatatine, area.
6 See note '1 op. 410.
7 Pina Pharyngo-epiglottica.— Three folds of mucous membrane pass from each side of the epiglottis to adjacent structures. The '1 Pina Pharyngo-epiglottic fold (Fig. 73, p. 419, and Fig. 778, p. 461) passes forwards to the side of the tongue; the aryteno-epiglottic fold (Fig. 78, p. 461) passes backwards and inwards to the epiglottis; and the pharyngo-epiglottic fold, between these, passes ontwards to the tateral wall of the pharynx. It forms the boundary between the oral and the laryngael part of the pharynx. Beneath the mucous membrane is a thin strand of fibrous tissue, connecting the side of the epiglottis with the lower border of the Eustachian cartilage. This is the Advances deliability life members.—Tw. pharyngo-epiglottic ligament.-TR.

Fig. 665.—Lower Wall of the Oral Cavity, or Floor of the Mouth, with the Tongue and the Lower Lip, and the Middle or Oral Portion of the Pharynx (Fauces), seen from Above.

The cheeks, the tonsils with the palatine arches (pillars of the fauces), and the lateral and posterior walls of the pharynx, have been divided horizontally, likewise the rami of the mandible with the muscles attached thereto, and the parotid glands.



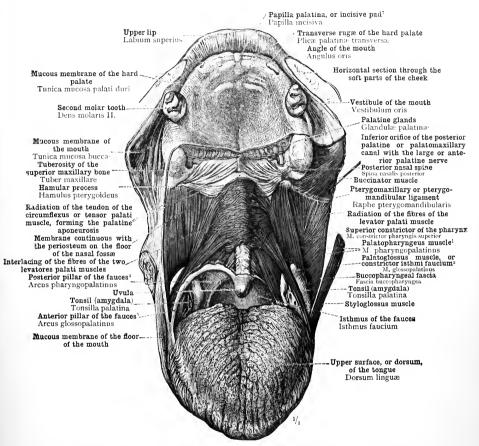
¹ Also known as the posterior palatine, or plarryngopalatine, arch.
² Also known as the anterior palatine, or glossopalatine, arch.
³ "Triangular Fold.—This is included between the two limbs into which the anterior pillar of the fauces divides as it approaches the side of the tongue. It should be noted that the name plica triangularis has been applied to another fold of mucous membrane, viz., to that covering the fossa supratonsillaris.—Th.

4 Lingual Tossil.—This name is sometimes given to the group of lymphoid follicles found on each side of the dorsum of the tongue at its base, hehind the row of circumvallate papillae. See also note ¹ to p. 411.—Th.

5 On the papilla palatina or incisive faul may be found on one or both sides a hlind recess, constituting the remnant of the canal which in many animals in this situation leads from the mouth to the nose, and known variously as the incisor canal, masopalatine canal, canal of Stensen, or ductus incisivus. In man this canal is usually represented by a strand of connective tissue which runs from the recess in the incisive pad unwards through the incisor or anterior palatine canal (canal of Stensen) of the superior maxillary bone to the hoos of the nasal fossae.—The document of the canal of See note ⁴ to p. 415.

Fig. 666.—Upper Wall of the Oral Cavity, or Roof of the Mouth, with the Upper Lip, AND THE PASSAGE (ISTHMUS FAUCIUM) FROM THE MOUTH INTO THE ORAL PORTION OF THE PHARYNX (THE FAUCES). PALATUM DURUM, THE HARD PALATE, PALATUM MOLLE, THE SOFT PALATE, DR VELUM PENDULUM PALATI, WITH THE UVULA; ARCUS GLOSSOPALATINUS, THE ANTERIOR PILLAR OF THE FAUCES, KNOWN ALSO AS THE ANTERIOR PALATINE OR GLOSSOPALATINE ARCH; ARCUS PHARYNGOPALATINUS, THE POSTERIOR PILLAR OF THE FAUCES, KNOWN ALSO AS THE POSTERIOR PALATINE OR PHARYNGOPALATINE ARCH; TONSILLA PALATINA, THE TONSIL (AMYGDALA).

> After the removal of the lower jawbone, the palate was placed in an almost vertical position, and the tongue drawn downwards as far as possible; hence the anterior pillar of the fauces is much stretched.



This muscle occupies the posterior pillar of the fauces.—Tr.
 This muscle occupies the anterior pillar of the fauces.—Tr.
 See note 5 to p. 416.

4 Known also as the posterior palatine, or pharyngopalatine, arch. 5 Known also as the anterior palatine, or glossopalatine, arch.

Fig. 667.—Muscles of the Soft Palate and of the Pillars of the Fauces or Palatine ARCHES, SEEN FROM BEFORE. APONEUROTIC EXPANSION OF THE TENDON OF THE CIRCUM-FLEXUS OR TENSOR PALATI MUSCLE (ATTACHED IN FRONT TO THE TRANSVERSE RIDGE ON THE LOWER SURFACE OF THE PALATE BONE, AND FORMING POSTERIORLY THE PALATINE APONEUROSIS); RETIFORM INTERLACEMENT OF THE FIBRES OF THE TWO LEVATORES PALATI MUSCLES.

On the left side the mucous membrane has been removed to show the connexion of me buccinator muscle with the superior constrictor of the pharynx through the intermediation of the pterygomaxillary or pterygomandibular ligament. The parts were prepared as in Fig. 666.

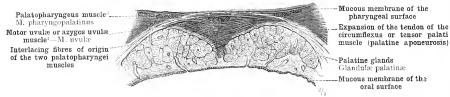


FIG. 668.—Transverse Section through the Uppermost Portion of the Soft Palate, in the Region of THE APONEUROTIC EXPANSION OF THE CIRCUMFLEXUS OR TENSOR PALATI MUSCLE.



FIG 669.—TRANSVERSE SECTION THROUGH THE SOFT PALATE MIDWAY BETWEEN ITS ATTACHED AND FREE Extremities, in the Region of the Levator Palati Muscle.

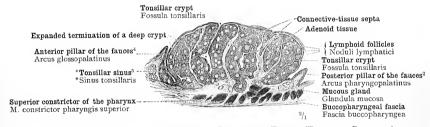
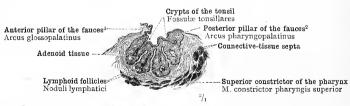


FIG. 670.—HORIZONTAL SECTION THROUGH A LARGE PROJECTING TONSIL (TONSILLA PALATINA) AND THROUGH THE PILLARS OF THE FAUCES. (FROM AN EXECUTED MALE CRIMINAL, AGED TWENTY-TWO YEARS.)



FW 671.—HORIZONTAL SECTION THROUGH A SMALL SUNKEN TONSIL (TONSILLA PALATINA) AND THROUGH THE PILLARS OF THE FAUCES. (FROM A FEMALE, AGED FIFTY-TWO YEARS.)

The posterior pillar is united with the tonsil,5

The name motor woules, suggested by Macalister, is to be preferred to the old and more familiar name azygos woule, which was given to the muscle when it was erroneously supposed to be a single median muscle.—The.
2 Known also as the posterior pulatine, or pharyngopalatine, arch.
5 See note 1 to p. 417.
6 Second also as the miterior palatine, or glossopalatine, arch.
6 Second also as the anterior palatine, or glossopalatine, arch.

⁵ See note 4 to p. 415.

Cavum oris-The oral cavity.

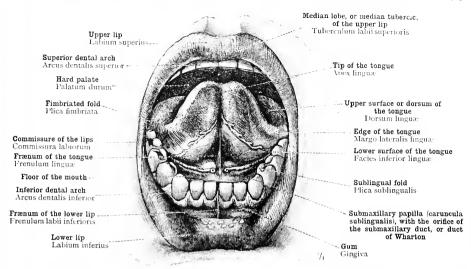


FIG. 672.—THE MOUTH, WIDELY OPENED, WITH THE TIP OF THE TONGUE DRAWN UPWARDS, TO SHOW THE FRÆNUM LINGUE, THE SUBLINGUAL FOLD, THE SUBMAXILLARY PAPILLA (CARUNCULA SUBLINGUALIS), AND THE FIMERIATED FOLD.

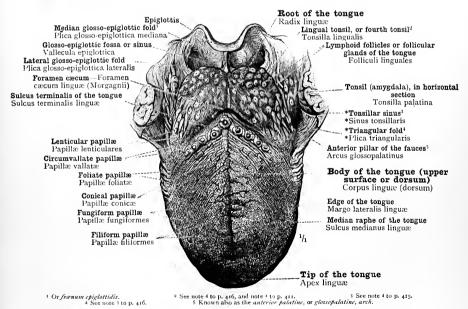
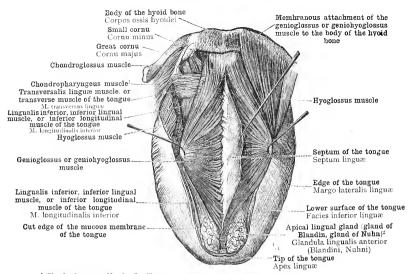


Fig. 673.—The Tongue, Lingua, with the Epiglottis: Radix Linguæ, the Root of the Tongue; Dorsum Linguæ, the Upper Surface of the Tongue; Apex Linguæ, the Tip of the Tongue.



¹ Chondropharyngrus Muscle,—See Fig. 706, p. 433, and note ¹ o same page.
² This is not a single gland on each side, but a group of glands aggregated into a small oblong mass. Most of the glands are acinotubular.—Tx.

Fig. 674.—Muscles of the Tongue with the Septum Linguæ and the Apical Lingual Glands (Glands of Blandin or Nuhn, Glandulæ Linguales Anteriores).

On the left side the hyoglossus muscle has been removed, to display the chondroglossus and transversalis linguæ muscles.

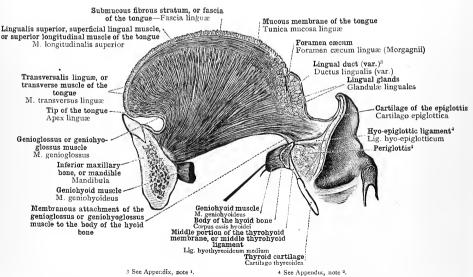


FIG. 675.—THE TONGUE, WITH THE INFERIOR MAXILLARY BONE, THE HYOID BONE, AND THE EPIGLOTTIS, IN SAGITTAL SECTION. MUSCLES AND MUCOUS MEMBRANE OF THE TONGUE; GLANDULÆ LINGUALES, LINGUAL GLANDS; DUCTUS LINGUALIS, LINGUAL DUCT.

The larynx has been drawn somewhat away from the tongue.

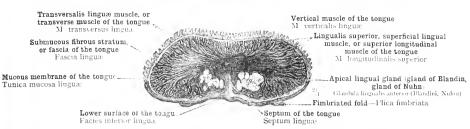


Fig. 676.—CORONAL SECTION THROUGH THE TIP OF THE TONGUE, GLANDULA LINGUALIS ANTERIOR, APICAL LINGUAL GLAND OF BLANDIN, GLAND OF NUMN).

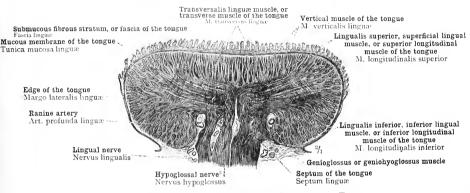


Fig. 677.—Coronal Section through the Body of the Tongue.

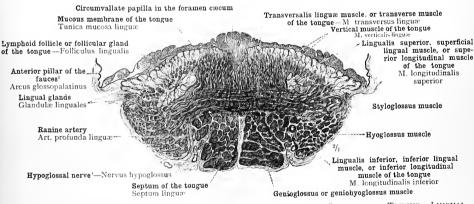


Fig. 678.—Coronal Section through the most Anterior Portion of the Root of the Tongue. Lingual Glands.

The section passes through a circumvallate papilla which in this specimen occupies the site of the foramen caecum,

THE ARRANGEMENT OF THE MUSCLES OF THE TONGUE, AS DISPLAYED BY CORONAL SECTIONS THROUGH THE ORGAN.²

⁴ Known also as the anterior palatine, or glossopalatine, arch.
² Macabyter speaks of the intrinsic muscles of the tongue as strata, four in number, viz., stratum longitudinale inferius, stratum longitudinale superius, stratum transversum and stratum perpendiculars.—Tx.
³ Or twelfth cranial nerve, in Swemering's enumeration; ninth cranial nerve, in that of Williss Sometimes known as the lingual mater nerve. —Tx.

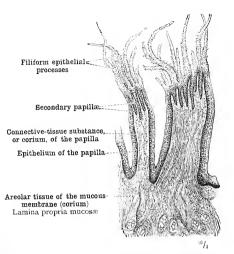
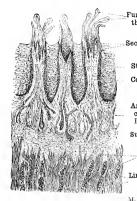


FIG. 679.—PAPILLÆ FILIFORMES, FILIFORM PAPILLÆ OF THE TONGUE. VERY LARGE FORM, WHICH PROJECTS MARKEDLY FROM THE SURFACE. LONGITUDINAL SECTION.



Fungoid proliferation on the filiform epithelial processes

Secondary papillæ

Stratified epithelium

Connective-tissue substance, or corium, of the papilla

Areolar tissue of the mucous membrane (corium) Lamina propria mucosæ

Submucous fibrous stratum or fascia of the tongue Fascia linguæ

Fasciculi of the vertical muscle of the tongue, extending into the fascia Lingualis superior, superficial lingual muscle, or

Lingualis superior, superficial lingual muscle, or superior longitudinal muscle of the tongue M. longitudmalis linguae superior

FIG. 680.—PAPILLÆ FILIFORMES, FILIFORM PAPILLÆ OF THE TONGUE. SMALL FORM, WHICH PROJECTS BUT SLIGHTLY FROM THE SURFACE. LONGITUDINAL SECTION.

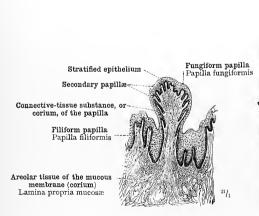


Fig. 681.—Papilla Fungiformis, Fungiform Papilla of the Tongue, in Longitudinal Section.

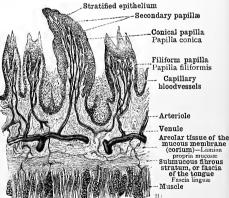


Fig. 682.—Papilla Conica, Conical Papilla of the Tongue, among Filiform Papillæ, in Longitudinal Section.

The bloodvessels of the mucous membrane have been injected; the arteries, red; the veins, blue.

Cavum oris-The oral cavity.

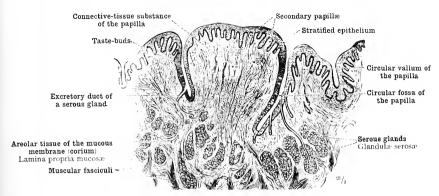


Fig. 683.—Papilla Vallata, Circumvallate Papilla of the Tongue, in Longitudinal Section.

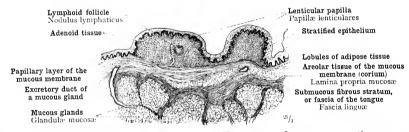


Fig. 684.—Two Lenticular Papillæ of the Tongue, in Longitudinal Section.

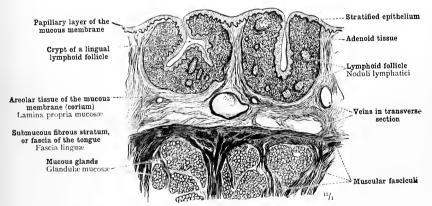


Fig. 685.-Two Lingual Lymphoid Follicles, or Follicular Glands of the Tongue, in Longitudinal Section.

Cavum oris-The oral cavity.

3 See note 1 to p. 410.

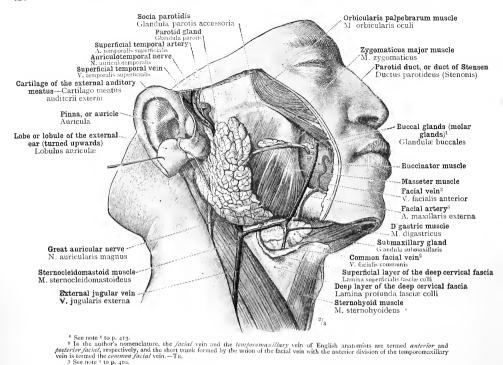


Fig. 680.—Glandula Parotis, the Parotid Gland; Glandula Submaxillaris, the Submaxillary Gland. RIGHT SIDE.

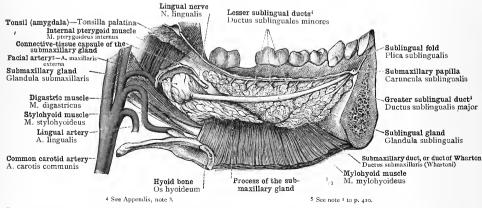


FIG. 687.—GLANDULA SUBLINGUALIS, THE SUBLINGUAL GLAND, WITH A PORTION OF THE SUBMAXILLARY GLAND, SEEN FROM THE INNER (ORAL) SIDE. EXCRETORY DUCTS OF THESE GLANDS. LEFT SIDE.

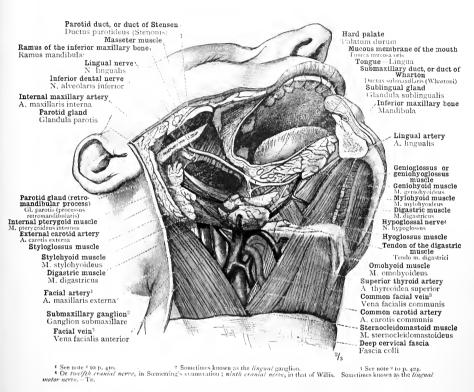
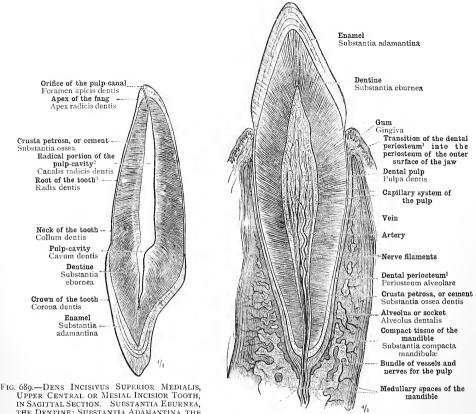


Fig. 688.—Glandula Sublingualis, the Sublingual Gland; Glandula Submaxillaris, the Submaxillary Gland; Glandula Parotis, the Parotid Gland: displayed on the Right Side of the Body after the Removal of a Portion of the Inferior Maxillary Bone. Relations of these Glands to Muscles, Vessels, and Nerves.

The anterior edge of the parotid gland with the adjoining portion of the parotid duct has been removed.



UPPER CENTRAL OR MESIAL INCISIOR TOOTH, IN SAGITTAL SECTION. SUBSTANTIA EBURNEA, THE DENTINE; SUBSTANTIA ADAMANTINA, THE ENAMEL; SUBSTANTIA OSSEA, THE CEMENT OR CRUSTA PETROSA; CAVUM DENTIS, THE PULP-CAVITY; CANALIS RADICIS DENTIS, THE PULP-CANAL.2

Fig. 690.—Dens Caninus Inferior, Lower Canine Tooth, with the Alveolar Portion of the Mandiele, the GUM, THE DENTAL PERIOSTEUM, AND THE DENTAL PULP, IN LONGITUDINAL SECTION.



FIG. 691.—THE ROOT OF THE UPPER CENTRAL OR MESIAL INCISOR TOOTH WITH THE ALVEOLUS AND THE DENTAL PERIOSTEUM, IN TRANSVERSE SECTION.

¹ The soft vascular tissue between the crusta petrosa or cement of the root and the bone, called here simply dental periosteum, is sometimes divisible into two layers; an outer, the alreadar periosteum, and an inner, the periodontal membrane. By some, also, the dental periosteum is named the periocental membrane—TR.

² The term pulp-canal, which is in England applied to the minute canal by which the pulp-cavity is entered through the root of the tooth, does not appear to correspond strictly to the author's term canalis radicis dentis, which is applied by him alike to the pulp-canal and to the radical parties of the pulp-cavity.—TR.

³ The term root is applied to all that portion of a tooth which is sunk in the alveolus. This root may consist of one or more fangs.—TR.

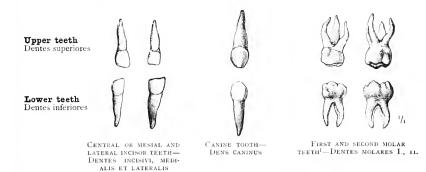


Fig. 692.—Dentes Decidui, Temporary or Deciduous Teeth, or Milk-Teeth, seen from their Outer (Labial and Buccal) Sides.

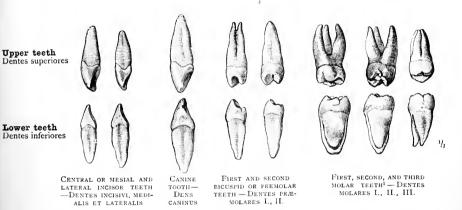


FIG. 693.—DENTES PERMANENTES, PERMANENT TEETH, SHOWING THE OUTER EDGE OF THE INCISORS AND CANINES, AND THE POSTERIOR SURFACE OF THE PREMOLARS AND MOLARS.

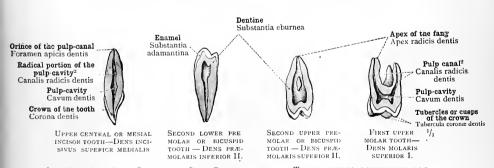


FIG. 694.—PULP-CAVITY AND PULP-CANAL AS SEEN IN TEETH DIVIDED LONGITUDINALLY.

¹ Known also as grinders or multicuspids.

² See note 2 to p. 426.

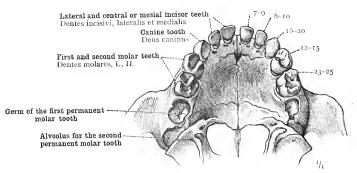


Fig. 695.—Dentes Decidui, Temporary or Deciduous Teeth, or Milk-Teeth, of the Upper Jaw of a Boy aged Three Years.

The Arabic numerals indicate the months of life in which the eruption of the individual teeth usually occurs.

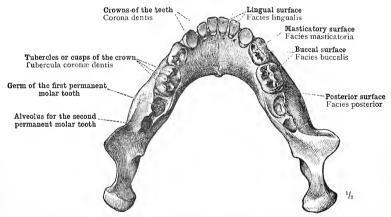


Fig. 696.—Dentes Decidui, Temporary or Deciduous Teeth, or Milk-Teeth, of the Lower Jaw of a Boy aged Three Years.

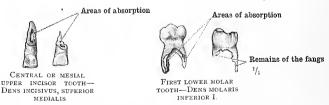


Fig. 697.—Dentes Decidui, Temporary or Deciduous Teeth, or Milk-Teeth, in Various Stages of Absorption, preparatory to their being shed and replaced by the Permanent Teeth.

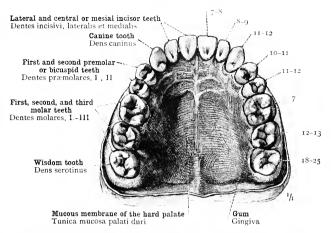


Fig. 698.—Dentes Permanentes, Permanent Teeth, of the Upper Jaw of a Man aged Twenty-six Years, with the Gums. Facies Masticatoriæ, Masticatory Surfaces.

The Arabic numerals indicate the years of life in which the eruption of the individual teeth usually occurs.

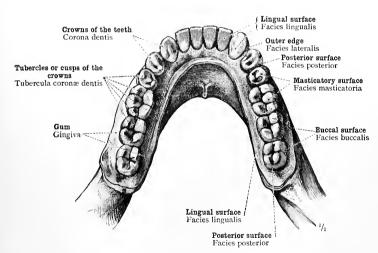


FIG. 699.—DENTES PERMANENTES, PERMANENT TEETH, OF THE LOWER JAW OF A MAN AGED TWENTY-SIX YEARS, WITH THE GUMS. FACIES MASTICATORIÆ, MASTICATORY SURFACES.

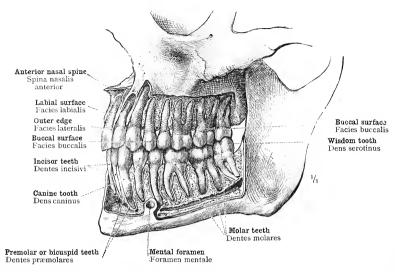


FIG. 700.—LEFT HALF OF THE PERMANENT TEETH, WITH THE ROOTS LAID BARE, SEEN FROM THEIR OUTER (LABIAL AND BUCCAL) SIDES. NORMAL RELATIVE POSITIONS OF UPPER AND LOWER ROWS.

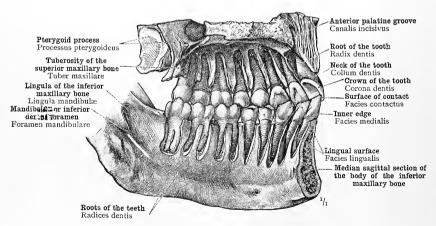


FIG. 701.—LEFT HALF OF THE PERMANENT TEETH, WITH THE ROOTS LAID BARE, SEEN FROM THEIR INNER (LINGUAL) SIDES. NORMAL RELATIVE POSITIONS OF UPPER AND LOWER ROWS.

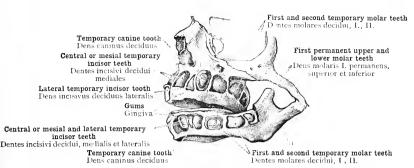


Fig. 702.—Dental Germs (Dental Sacs) of an Infant born at Full Term, displayed by the Removal of the Walls of the Alveoli on the Left Side of the Face.

The dental sacs of the upper canine, the lower central incisor, and the first lower molar temporary teeth have been opened, in order to show the teeth developing in their interior.

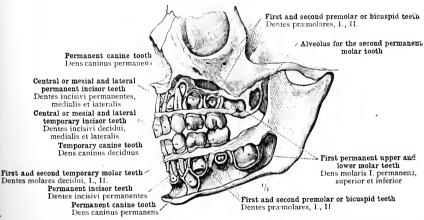


FIG. 703.—LEFT HALF OF THE TEMPORARY OR DECIDUOUS TEETH, OR MILK-TEETH, OF A BOY AGED TWO AND A HALF YEARS.

By the removal of the appropriate portions of the alveolar walls, the germs of the permanent teeth have been exposed, and the relation of these germs to the roots of the temporary teeth has been made manifest.

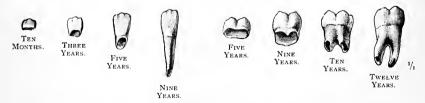


FIG. 704.—STAGES OF DEVELOPMENT OF THE LATERAL PERMANENT INCISOR TOOTH AND OF THE SECOND LOWER PERMANENT MOLAR TOOTH.

The fourth tooth of each series was already cut.

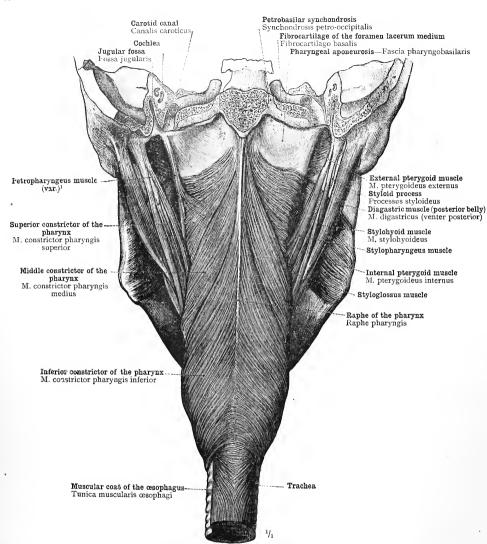
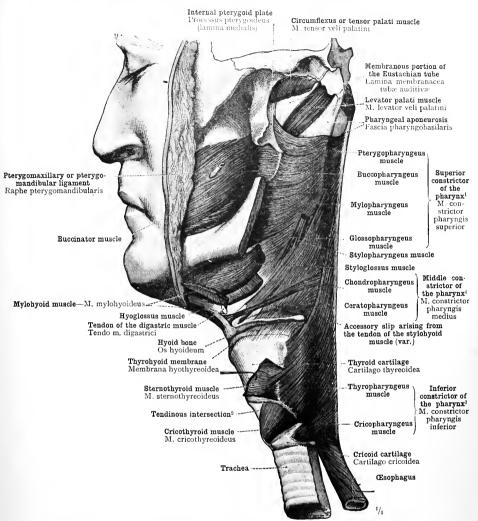


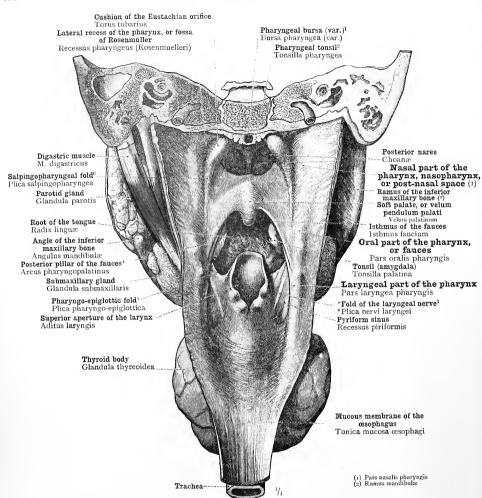
FIG. 705.—THE PHARYNX, AND ITS TRANSITION INTO THE ŒSOPHAGUS, SEEN FROM BEHIND. BY THE REMOVAL OF THE TUNICA ADVENTITIA PHARYNGIS, THE OUTER MUSCULAR LAYER OF THE PHARYNX HAS BEEN LAID BARE: MUSCULI CONSTRICTORES PHARYNGIS, SUPERIOR, MEDIUS, ET INFERIUS; THE SUPERIOR, MIDDLE, AND INFERIOR CONSTRICTORS OF THE PHARYNX. THE MUSCLES ARISING FROM THE STYLOID PROCESS, AND THE POSTERIOR BELLY OF THE DIGASTRIC MUSCLE. THE PHARYNGEAL APONEUROSIS.

¹ Petropharyngeus Muscle.—This, the commonest of the supernumerary elevators of the pharynx, arises from the under surface of the petrous bone in front of the carotid canal, or from the vaginal process of the temporal bone. Others, less often met with are the sphenopharyngeus, arising grown the spine of the sphenoid; petropharyngeus, arising from the basilar process; occipitopharyngeus, arising from the basilar process; and the mastopharyngeus externue, arising from the basilar process; and the mastopharyngeus (very rare), arising from the mastoid process. They are inserted variably into one or other of the constrictors, or, passing between these muscles, directly into the fibrous layer of the pharynx (pharyngeal aponeurosis). Another occasional accessory slip is the azygos pharynges, passing from the pharyngeal tubercle of the occipital a See note to the raphe or to the posterior wall of the pharynx.—Tr.



**Constrictor of the Pharms.—As the names given by the author to the different portions of these muscles are not often used in England, it seems expedient to explain their signification. Of the subgerior constrictor, the Arterycopharyngese is that portion which arises from the lower third of the hinder edge of the internal perspector plate and from the handlar process; the beaccipharyngese is that portion which arises from the persponavallary ligament, by means of which it is connected with the origin of the buccinator muscle; the mylopharyngese is that portion which arises from the posterior fifth of the internal optique in the proton which arises from the posterior fifth of the internal polyhogid ridge of the inferior maxillary bone; and the yelostopharyngeses is that portion which arises from the small corn of the hyoid bone and the stylophydid ligament; and the ceratopharyngeses is that portion which arises from the great corns of the hyoid bone. Of the inferior constrictor: the effective pharyngeses is that portion which arises from the great corns of the hyoid bone. Of the inferior constrictor: the effective pharyngeses is that portion which arises from the great corns of the hyoid bone. Of the inferior constrictor of the plate of the throad constrictor of the plate of the control of the proton when a superior tuberies of the thyoid control of the plate of the pharyne. Commonly, however, as here, a tendinous intersection across these fibres marks the, boundary between the two muscles.—Time.

Fig. 706.—Outer Muscular Layer of the Pharynx, laid bare on the Left Side, by the Removal of the RAMUS OF THE INFERIOR MAXILLARY BONE, THE MUSCLES ARISING FROM THE STYLOID PROCESS, THE POSTERIOR BELLY OF THE DIGASTRIC MUSCLE, AND THE MYLOHYOID MUSCLE: MUSCULI CONSTRICTOR'S PHARYNGIS, THE THREE CONSTRICTORS OF THE PHARYNX, WITH THEIR VARIOUS SUBDIVISIONS (see note 1 above). CONNEXION OF THE BUCCINATOR MUSCLE WITH THE SUPERIOR CONSTRICTOR OF THE PHARYNX BY MEANS OF THE PTERYGOMAXILLARY OR PTERYGOMANDIBULAR LIGAMENT.

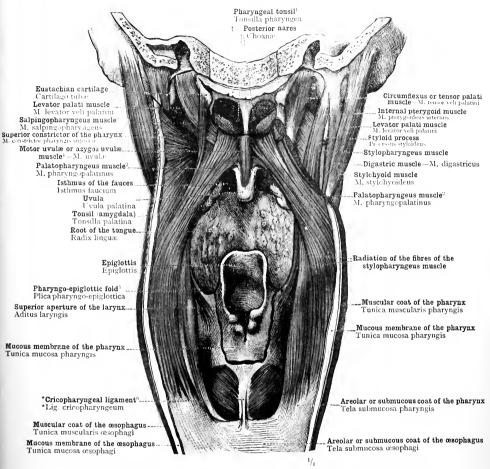


¹ The pharyngeal bursa, or mesial recess of the pharynx, is a flask-shaped pit in the mucous membrane, constant in the fœtus and the infant, and occasionally persistent in the adult. Its narrow orifice is on the posterior wall of the nasopharynx, immediately beneath the pharyngeal tonsil, and looks downwards and forwards. Widening within, the cavity passes upwards and then curves forwards through the substance of the pharyngeal tonsil, and terminates blindly in the median line immediately above the summit of the pharynx, its fundus being just below the pharyngeal tuber(Le—IR.

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Fig. 707.—Cavum Pharyngis, the Pharyngeal Cavity, seen from Behind. Tunica Mucosa Pharyngis, the Mucous Membrane of the Pharynx. The Three Divisions of the Pharynx: Pars Nasalis PHARYNGIS, THE NASAL PART OF THE PHARYNX, NASOPHARYNX, OR POST-NASAL SPACE; PARS ORALIS PHARYNGIS, THE ORAL PART OF THE PHARYNX, OR FAUCES; PARS LARYNGEA PHARYNGIS, THE LARYNGEAL PART OF THE PHARYNX. THE OPENINGS INTO THE PHARYNGEAL CAVITY.

The posterior wall of the pharynx was divided throughout in the median line, separated from its attachments to the base of the skull, and then turned outwards on each side,



1 See note 1 to p. 411.
2 See note 1 to p. 412.
3 Salpingopharyngeus Muscle.—This consists of a few slender fasciculi which descend from the lower and anterior part of the Eustachian cartilage to the wall of the pharyns. It is usually regarded as an accessory portion of the palatopharyngeus muscle.—Tr. 4 See note 1 to p. 415.
5 See note 2 to p. 415.
6 See fig. 771, p. 459, and note 1 on same page.

Fig. 708.—Muscles of the Soft Palate (Velum Pendulum Palati), and the Vertical Muscles (Elevators) of the Pharynx, displayed by opening the Pharynx from Behind by a Median Longitudinal Incision and removing the Mucous Membrane.

On the right side, the levator palati muscle and a small portion of the wall of the pharynx have been removed, in order to display the circumflexus or tensor palati muscle and a great part of the stylopharyngeus muscle. In the immediate neighbourhood of the superior aperture of the larynx (aditus laryngis), the mucous membrane of the pharynx has not been removed: also along the borders of the median longitudinal incision a narrow strip of the mucous membrane has been left.

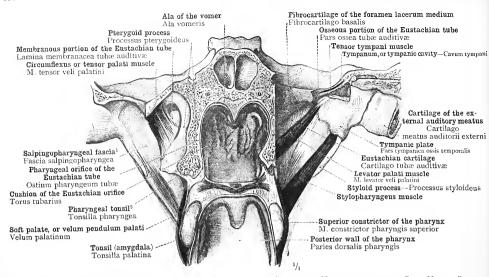


FIG. 709.—PARS NASALIS PHARVNGIS, THE NASAL PART OF THE PHARVNX, NASOPHARVNX, OR POST-NASAL SPACE, SEEN FROM BEFORE. CORONAL SECTION THROUGH THE HEAD. TONSILLA PHARVNGEA, THE PHARVNGEAL TONSIL. On the left side, the greater part of the pterygoid process, the anterior wall of the tympanum, and the outer wall of the Eustachian tube, have been removed.

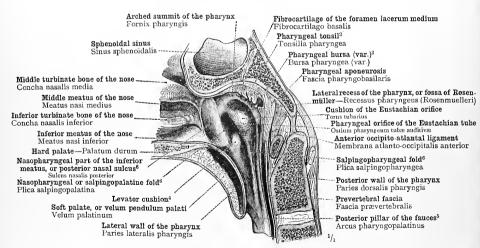


FIG. 710.—PARS NASALIS PHARYNGIS, THE NASAL PART OF THE PHARYNX, NASOPHARYNX, OR POST-NASAL SPACE, AND ITS CONNEXION WITH THE NASAL FOSSÆ, IN MEDIAN SAGITTAL SECTION. VIEW OF THE RIGHT LATERAL WALL OF THE NASOPHARYNX, WITH THE PHARYNGEAL ORIFICE OF THE EUSTACHIAN TUBE. TONSILLA PHARYNGEA, THE PHARVINGEAL TONSIL; BURSA PHARVINGEA, THE PHARVINGEAL BURSA. SULCUS NASALIS POSTERIOR, THE NASOPHARVINGEAL PART OF THE INFERIOR MEATUS OF THE NOSE, OR *POSTERIOR NASAL SULCUS, CORRESPONDING TO THE NASOPHARVINGEAL MEATUS (see Part I, p, 90, Fig. 203); PLICA SALPINGOPALATINA, THE NASOPHARVINGEAL OR SALPINGOPALATINE FOLD; PLICA SALPINGOPHARYNGEA, THE SALPINGOPHARYNGEAL FOLD.4

6 See Appendix, note 4.

¹ Salpingopharyngeal Fascia.—Quain applies this name to the membranous portion of the Eustacbian tube itself, but the author uses it to denote strands of fibrous tissue passing from the Eustacbian cartilage to the submucous areolar tissue of the pharynx.—Tr.

2 See note 1 to p. 411.

3 See note 1 to p. 424.

4 "When the levatores palati are contracted, the upper surface of the soft palate presents a convex eminence behind each posterior naris, called the levator cushion. This is occasionally seen in the dead body. "—Quain's "Anatomy," vol. iii., partiv., p. 57. See also Appendix, note 4. 5 Known also as the posterior palatine, or pharyngopalatine, arch.

ABDOMINAL AND PELVIC PORTIONS

OF THE

DIGESTIVE ORGANS

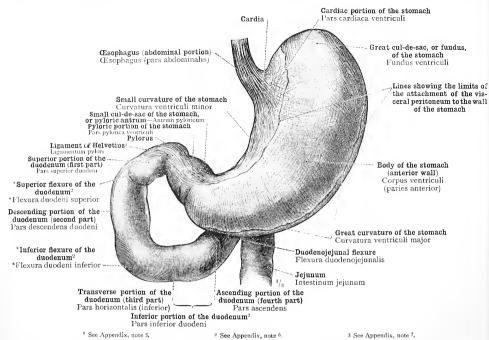


Fig. 711.—Ventriculus, the Stomach, moderately distended, with the Lowest Portion of the (Esophacus, and the Duodenum. Seen from Before.

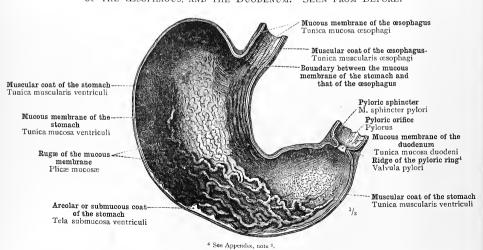


Fig. 712.—Anterior Half of the Stomach, which has been divided in Two by Incisions along the Great and Small Curvatures; seen from the Inside. Transition of the Mucous Membrane of the Œsophagus into that of the Cardia. Pylorus, or Pyloric Orifice. Plicæ Mucosæ Ventriculi, Rugæ of the Mucous Membrane of the Stomach.

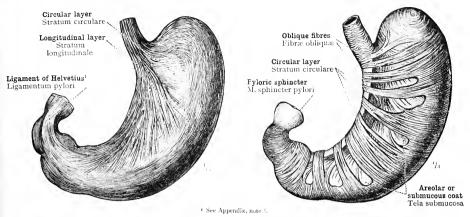


FIG. 713.—SUPERFICIAL LAYER OF THE MUSCULAR COAT OF THE STOMACH: LONGITUDINAL LAYER.

Fig. 714.—MIDDLE AND DEEP LAYERS OF THE MUSCULAR COAT OF THE STOMACH: CIRCULAR LAYER, AND OBLIQUE FIBRES.

Strips of the circular layer have been removed, in order to display the oblique fibres beneath.

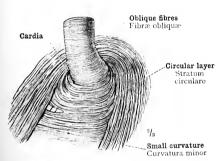


FIG. 715.—MUSCULAR COAT AT THE CARDIA, SEEN FROM WITHIN, THE MUCOUS MEMBRANE HAVING BEEN REMOVED.

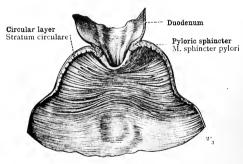


FIG. 716.—MUSCULAR COAT IN THE PYLORIC REGION,
LAID BARE FROM WITHIN.

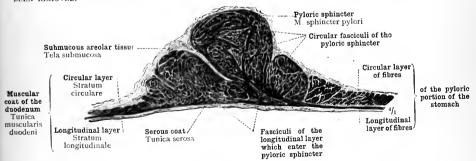


FIG. 717.-M. SPHINCTER PYLORI, THE PYLORIC SPHINCTER, IN LONGITUDINAL SECTION.

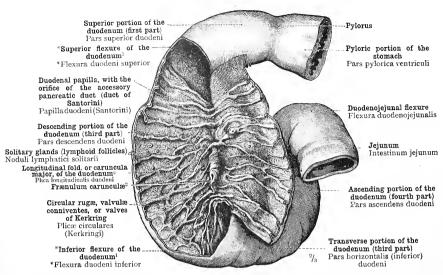


FIG. 718.—DUODENUM, SEEN FROM BEFORE. THE DESCENDING PORTION HAS BEEN OPENED, AND THE ANTERIOR WALL TURNED TO THE LEFT. PLICA LONGITUDINALIS DUODENI, THE LONGITUDINAL FOLD, OR CARUNCULA MAJOR, OF THE DUODENUM, AT THE LOWER END OF WHICH IS THE ORIFICE OF THE DUODENAL DIVERTICULUM, DIVERTICULUM DUODENALE (VATERI). PAPILLA DUODENI, THE DUODENAL PAPILLA, WITH THE ORIFICE OF THE ACCESSORY PANCREATIC DUCT, OR DUCT OF SANTORINI.

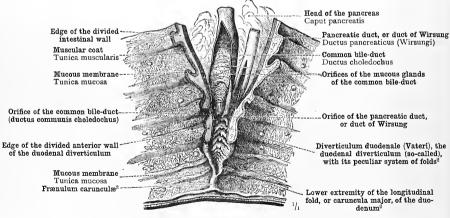


FIG. 719.—THE DUODENUM HAVING BEEN EXCISED, A LONGITUDINAL INCISION HAS BEEN MADE INTO THE SAC-LIKE.

DILATATION, DIVERTICULUM DUODENALE (VATERI),² TO SHOW THE IMBRICATED TRANSVERSE FOLDS³ IN ITS INTERIOR. LONGITUDINAL INCISIONS HAVE ALSO BEEN MADE INTO THE LOWER EXTREMITIES OF THE COMMON BILE-DUCT AND THE PANCREATIC DUCT, OR DUCT OF WIRSUNG, WHICH OPEN INTO THE DUODENAL DIVERTICULUM.

3 See Appendix, note 10.

See Appendix, note 6.

² See Appendix, note ⁹.

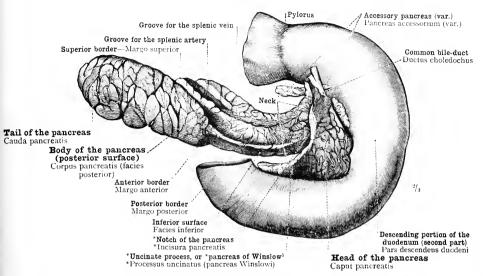


Fig. 720.—The Pancreas; its Relations to the Duodenum and to the Common Bile-Duct.
Accessory Pancreas. Seen from Behind.

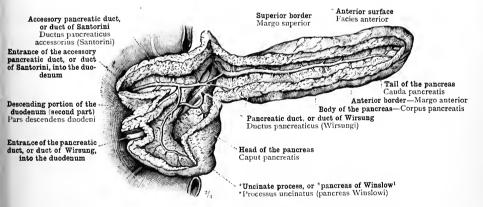
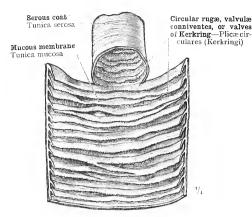


FIG. 721.—THE PANCREAS, WITH ITS DUCTS DISSECTED OUT, SEEN FROM BEFORE. PANCREATIC DUCT, OR DUCT OF WIRSUNG; ACCESSORY PANCREATIC DUCT, OR DUCT OF SANTORINI.

¹ That portion of the head of the pancreas which extends to the left in a hook-like manner helind the mesenteric vessels, called by the author the *uncinate process, or *pancreas of Winslow, is sometimes completely separate from the rest of the gland, and is then termed the lesser pancreas.—The.



Solitary glands
Noduli lymphatici
solitarii

Serous coat
Funica serosa
Mucous membrane
Tunica mucosa

Fig. 722.—The Jejunum, in part opened.

JM, IN PART OPENED. FIG. 723.—THE ILEUM, IN PART OPENED.

INTESTINUM TENUE—THE SMALL INTESTINE.

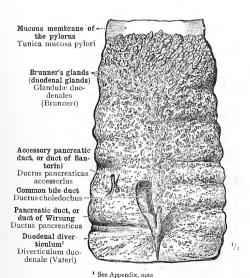
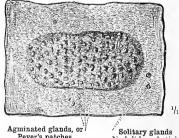


Fig. 724.—Outer Surface of the Mucous Membrane of the Duodenum, with Brunner's Glands (Duodenal Glands), displayed by the Removal of the Muscular Coat.



Agminated glands, or Peyer's patches Noduli lymphatici aggregati (Peyeri)

Solitary glands Noduli lymphatici solitarii

Fig. 725.—Noduli Lymphatici Aggregati, Agminated Glands, or Peyer's Patches, from the Ileum.

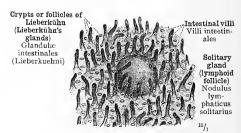


Fig. 726.—Mucous Membrane of the Ileum, with a Solitary Gland (Lymphoid Follicle).

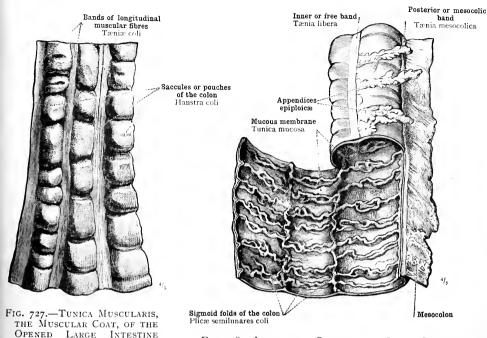
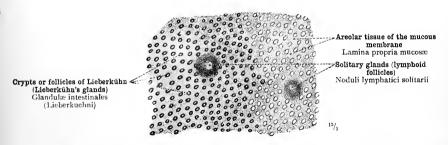


Fig. 728.—Intestinum Crassum, the Large Intestine. IN PART OPENED ALONG THE LINE OF ATTACHMENT OF THE MESENTERY.

The piece of intestine is in the contracted state.



(TRANSVERSE

PLAYED FROM

THE SEROUS COAT.

Colon).

THE

SIDE BY THE REMOVAL OF

DIS-

OUTER

Fig. 729.—Mucous Membrane of the Large Intestine (Transverse Colon), moderately magnified, seen from Within.

On the right side of the preparation the gland cells of the crypts or follicles of Lieberkühn (glandulæ intestinales, Lieberkühn's glands) have been removed by gentle friction.

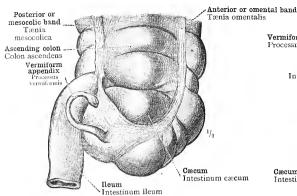


FIG. 730.—INTESTINUM CÆCUM, THE CÆCUM, IN THE DISTENDED STATE, SEEN FROM BEHIND, THE SEROUS COAT HAVING BEEN REMOVED.

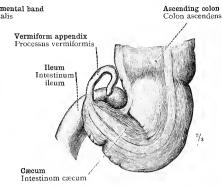


Fig. 731.—Intestinum Cæcum, the Cæcum, OF AN ADULT MALE, IN THE FULLY-CON-TRACTED STATE, SEEN FROM BEHIND, THE SEROUS COAT HAVING BEEN REMOVED.

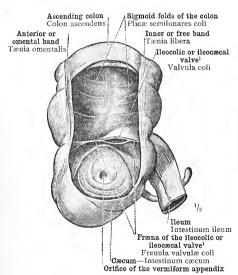
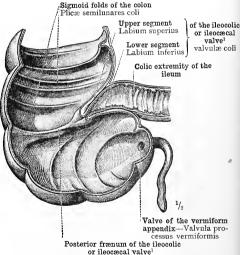


FIG. 732.—THE CÆCUM, DISTENDED AND DRIED, SEEN FROM THE OUTER SIDE.

A portion of the outer wall has been removed, in order to display the ileocolic or ileocæcal valve1 and the orifice of the vermiform appendix.



Frenulum posterius valvulæ coli

Fig. 733.—The Cæcum, hardened in Formalin, AND DIVIDED BY AN INCISION PASSING THROUGH THE ILEOCOLIC OR ILEOCÆCAL ORIFICE. ILEOCOLIC OR ILEOCÆCAL VALVE¹ (VALVULA COLI) IS SEEN CLOSED, IN CORONAL SECTION.

1 Hecolic or Hecocacal Valve.—This is known also as the valve of Bauhin and as the valve of Tulpius, but was described by Fallopius at an earlier date than by either of these anatomists. Macalister distinguishes the upper or cole lip or segment as the Hecocacal valve. The firms or retinactual of the valve are prominent folds in front and behind the orline formed by the union of the two segments; they pass round the gut to unite opposite the orifice, forming a shelf which separates the cacum from the ascending colon. This shelf is sometimes called the framum of Morgagut.—The.



Fig. 734.—Intestinum Rectum, the Rectum, the Longitudinal Layer of Muscular Fibres having been exposed. Seen from Before.

Some of the longitudinal fibres are seen to pass on to the surface of the prostate gland, and others between the fasciculi of the levator ani muscle.

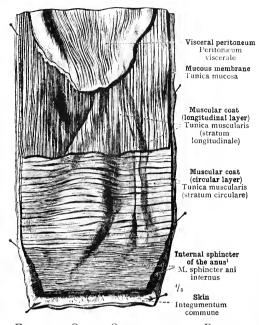


Fig. 735.—Outer Surface of the Rectum, which has been isolated and opened from Behind.

In the lower half the longitudinal layer of the muscular coat has been removed, in order to display the circular layer and the continuity of this latter with the internal or circular sphincter of the anus.

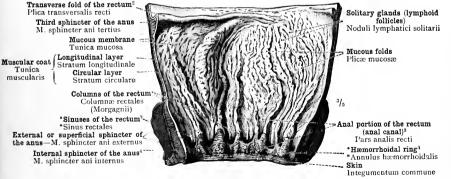


Fig. 736.—Mucous Membrane of the Lower Part of the Rectum and its Continuity with the Skin.

Known also as the deep or circular sphincter of the anus.
 See Appendix, note 12.
 Known also as the deep or circular sphincter of the anus.

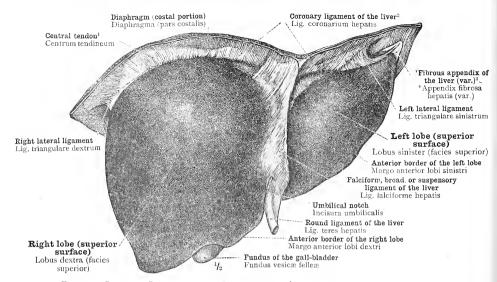


Fig. 737.—Superior Surface of the Liver and its Attachments to the Diaphragm.

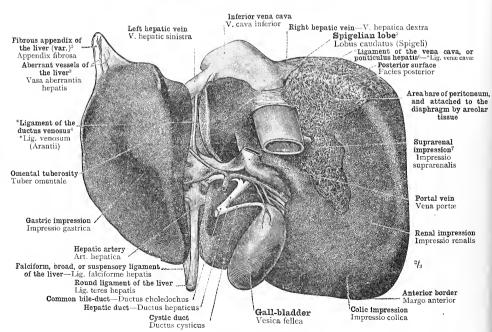


FIG. 738.—INFERIOR SURFACE OF THE LIVER; THE STRUCTURES OCCUPYING THE FISSURES OF THE ORGAN.

¹ Called also the trefoil or cordiform tendon of the diaphragm.

See Appendix, note ¹⁵,

See Appendix, note ¹⁵,

See Appendix, note ¹⁵,

Or adversal impression.

7 Or adversal impression.

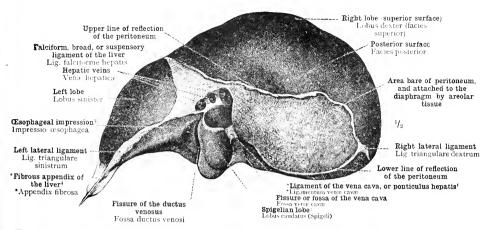


Fig. 739.—Posterior Surface of the Liver, with the Orifices of the Hepatic Veins.

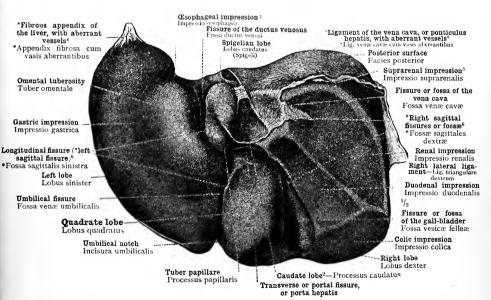


Fig. 740.—Inferior Surface of a Liver which was hardened in situ before the Body WAS OPENED, THE STRUCTURES OCCUPYING THE FISSURES OF THE ORGAN HAVING BEEN ENTIRELY REMOVED.

¹ See Appendix, note ¹⁷, ² See Appendix, note ¹⁶, ³ Known also as the osophageal groove or osophageal suicus.

⁴ See Appendix, note ¹⁴, ⁵ Or adrenal impression.

⁶ Sagittal Fissuret.—This name is not used in England. The numbilical fissure and the fissure of the ductus venosus form the anterior and posterior parts, respectively, of the longitudinal fissure of English anatomists, called by the author fossa sagittalis sinistra.

The fissure of fossa of the gallish idder and the fissure of fossa of the cena cara, being separated from one another by the caudate lobe, do not combine to form a single fissure. These are called by the author fossa sagittalis dextre.—The

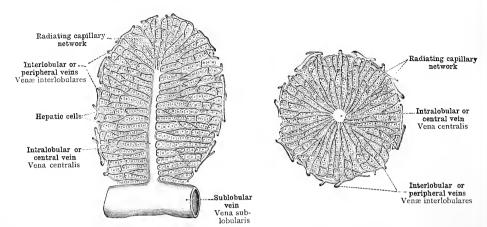
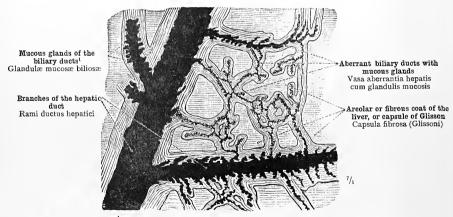


FIG. 741.—DIAGRAMMATIC REPRESENTATION OF A LONGITUDINALLY DIVIDED HEPATIC LOBULE, LOBULUS HEPATICUS. VENA CENTRALIS, INTRALOBULAR OR CENTRAL VEIN; VENÆ INTERLOBULARES, INTERLOBULAR OR PERIPHERAL VEINS; VENA SUBLOBULARIS, SUBLOBULAR VEIN.

FIG. 742.—DIAGRAMMATIC REPRESENTATION OF A TRANSVERSELY-DIVIDED HEPATIC LOBULE. VENA CENTRALIS, INTRALOBULAR OR CENTRAL VEIN; VENÆ. INTERLOBULAR VEINÆ.



** Mucous Glands of the Biliary Ducts.—Quain writes ("Anatomy," tenth ed., vol. iii., part iv., p. 135); "In the portal canals... the ducts present numerous openings on the inner surface which are scattered irregularly in the larger ducts, but in the subdivisions are arranged in two longitudinal rows, one at each side of the vessel. These openings were formerly supposed to be the orifices of mucous glands; but, while the main ducts are studded with true mucous glands of lobulated form and with minute orifices, the openings now referred to belong to saccular and tubular recesses, which are often hranched and anastomosing, and may be beset all over with tubular projections (Theile). "T.R.

Fig. 743.—Vasa Aberrantia Hepatis, Aberrant Biliary Ducts, with Mucous Glands (Glandulæ Mucosæ Biliosæ), from one of the Portal Canals, injected with Prussian Blue.



FIG. 744.—VESICA FELLEA, THE GALL-BLADDER, MODERATELY DISTENDED, WITH THE CYSTIC DUCT (DUCTUS CYSTICUS) AND THE JUNCTION OF THE LATTER WITH THE HEPATIC DUCT (DUCTUS HEPATICUS) TO FORM THE COMMON BILE-DUCT (DUCTUS COMMUNIS CHOLEDOCHUS).

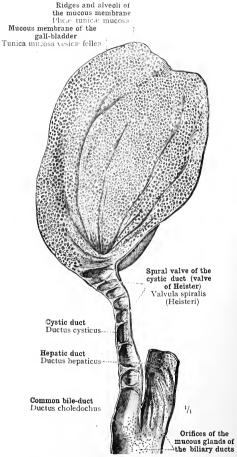


FIG. 745.—THE GALL-BLADDER AND THE CYSTIC DUCT, OPENED LONGITUDINALLY. VALVULA SPIRALIS (HEISTERI), THE SPIRAL VALVE OF THE CYSTIC DUCT, OR HEISTER'S VALVE.

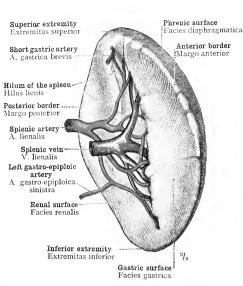


FIG 746.—LIEN, THE SPLEEN, INNER OR GASTRIC ASPECT, WITH THE BRANCHING TERMINATION OF THE SPLENIC ARTERY AND VEIN LAID BARE.²

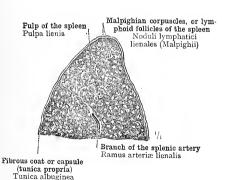


FIG. 748.—A PORTION OF THE CUT SURFACE OF THE SPLEEN OF A YOUNG MALE SUICIDE, IN WHICH THE MALPIGHIAN CORPUSCLES OR LYM-PHOID FOLLICLES OF THE SPLEEN (NODULL LYMPHATICI LIENALES MALPIGHII) ARE VERY ABUNDANT.

See Appendix, note 10.

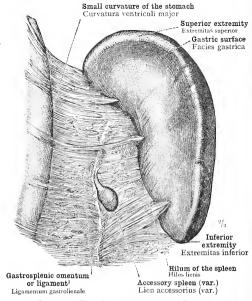
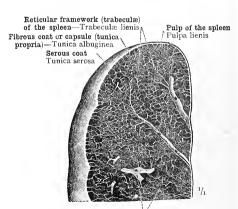


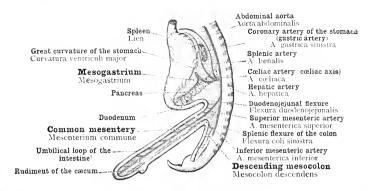
FIG. 747.—THE SPLEEN, WITH THE GASTRO-SPLENIC OMENTUM LEFT ATTACHED, SEEN FROM BEFORE. LIEN ACCESSORIUS, AN ACCESSORY SPLEEN.



Branches of the splenic artery Rami arteriæ lienalis

FIG. 749.—A PORTION OF THE CUT SURFACE OF A SPLEEN FROM WHICH THE PULP HAS BEEN PARTIALLY REMOVED BY LONG-CONTINUED AFFUSION WITH WATER, SO THAT THE FIBROUS FRAMEWORK OF THE ORGAN HAS BEEN ISOLATED.

² See Appendix, note 19.



* Umbilical Loop of the Intestine. - The small intestine is . . , at first quite short and straight, with a wide aperture to the yolk-sac, but gradually lengthens as the communication with the yolk-sac becomes more contracted, and . . . develops a long v-shaped loop opposite the attachment of the vitalline duct. - Quain, op. cit., vol. 1, part i, p. ted.

Fig. 750.—Condition of the Human Alimentary Canal and Mesentery in the Sixth Week of Intra-uterine Life. Diagrammatic.

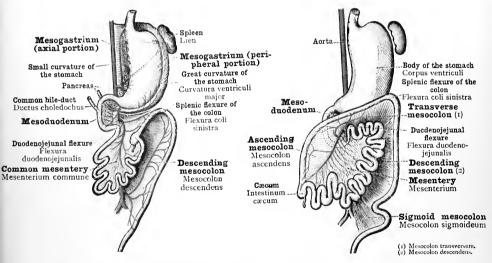


Fig. 751.—Condition of the Human Alimentary Canal and Mesentery in the Eighth Week of Intra-uterine Life. Diagrammatic.

Fig. 752.—Condition of the Human Alimentary Canal and Mesentery in the Middle of the Fourth Month of Intrauterine Life (Months of Four Weeks Each). Diagrammatic.

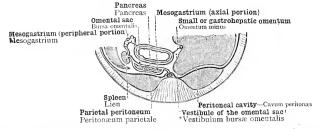


FIG. 753.—MESOGASTRIUM AND OMENTAL SAC (BURSA OMENTALIS, LESSER CAVITY OF THE PERITONEUM) BEFORE
THE ADHESION OF THE ANIAL PORTION OF THE MESOGASTRIUM TO THE PARIETAL PERITONEUM. BEGINNING
OF THE THIRD MONTH OF INTRA-UTERINE LIFE (MONTHS OF FOUR WEEKS EACH). TRANSVERSE SECTION.
DIAGRAMMATIC.

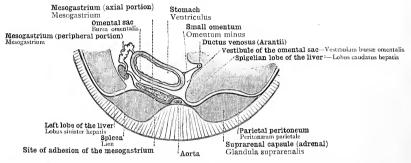


FIG. 754.—MESOGASTRIUM AND OMENTAL SAC (BURSA OMENTALIS, LESSER CAVITY OF THE PERITONEUM) AFTER THE ADHESION OF THE AXIAL PORTION OF THE MESOGASTRIUM TO THE PARIETAL PERITONEUM. END OF THE FOURTH MONTH OF INTRA-UTERINE LIFE (MONTHS OF FOUR WEEKS EACH). TRANSVERSE SECTION. DIAGRAMMATIC.

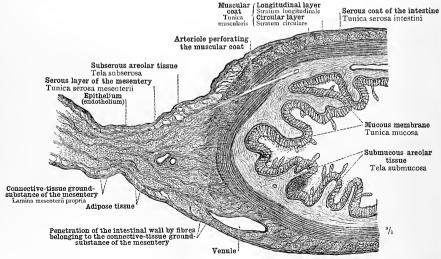
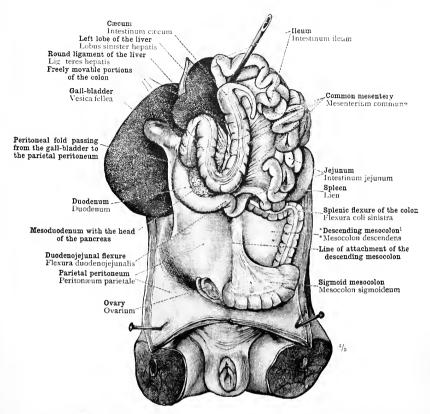


Fig. 755. THE MESENTERY OF THE SMALL INTESTINE AND ITS ATTACHMENT TO THE INTESTINE. TRANSVERSE SECTION.

* See note 2 to p. 470. 2 See Appendix, note 16.



1 *Descending Mesocolon.—I follow the author in the use of this term for the peritoneum internal to the descending colon. In England, however, the use of the term mesentery is usually restricted to the peritoneal folds suspending freely movable portions of the alimentary canal, and is no longer applied in cases in which, as here in the case of the descending mesocolon, the originally free mesentery has become adherent to the parietal peritoneum. The existence of a distinct descending mesocolon (in the English sense of the term) is rare.—TR.

Fig. 756.—Mesenterium Commune, Common Mesentery, of an Infant aged Three Weeks (Variety).

The adhesion of the duodenum to the parietal peritoneum of the posterior wall of the abdominal cavity has taken place after the normal manner; but the adhesion of the colon and of the ascending mesocolon to the anterior surface of the duodenum and to the posterior wall of the abdominal cavity has failed to take place, so that the ascending colon is freely movable, and has been turned upwards with the caccum and the coils of the jejunum and ileum; the delimitation of the ascending colon from the transverse colon is lacking. The ascending mesocolon combines with the transverse mesocolon and the mesentery of the small intestine to form a freely movable common mesentery, which corresponds to the mesentery of the primitive umbilical loop of the intestine (see Fig. 750 on page 451, and note 1 to that page). In the right half of the lower part of the abdominal cavity the primary parietal peritoneum remains exposed; whereas in the left half the parietal peritoneum is, as is normally the case, represented by the anterior layer of the adherent descending mesocolon (see note 1 above).

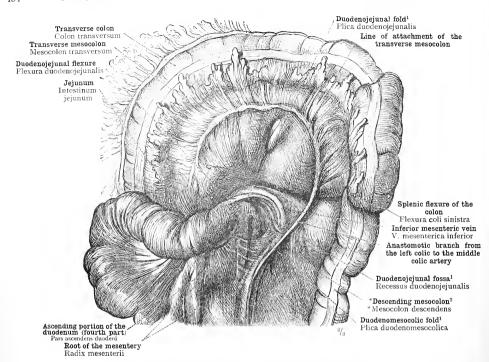


Fig. 757.—Recessus Duodenojejunalis, Duodenojejunal Fossa.3

The transverse colon has been turned upwards; the jejunum and ileum have been pushed as far to the right as possible, to expose the duodenojejunal flexure, the lower (posterior) surface of the transverse mesocolon, and the *descending mesocolon. A sound has been passed into the lower part of the duodenojejunal fossa (i.e., the inferior duodenal fossa-see Appendix, note *o*), which extends beside the ascending portion of the duodenum for its whole length, and is bounded in front by the duodenomesocolic fold (inferior duodenal fold)

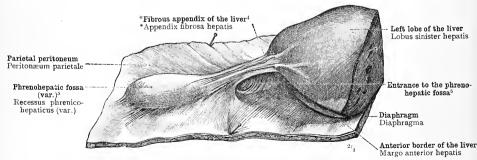


Fig. 758.—Recessus Phrenicohepaticus, Phrenohepatic Fossa.⁵ A Portion of the Left Lobe of the Liver, with the Fibrous Appendix of the Liver, and a Portion of the Diaphragm.

z See Appendix, note °. 2 See note z to p. 453. 3 See Appendix, note °2.
4 See Appendix, note 14. 5 See Appendix, note °2.

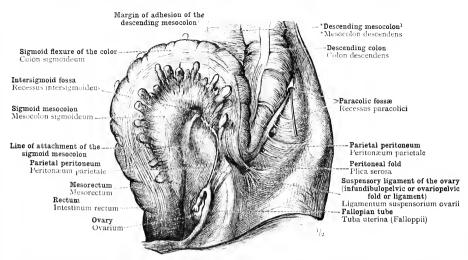


FIG. 759.—RECESSUS INTERSIGMOIDEUS, INTERSIGMOID FOSSA; RECESSUS PARACOLICI, PARACOLIC FOSSÆ. LEFT ILIAC FOSSA WITH THE LEFT LATERAL WALL OF THE PELVIS. THE SIGMOID MESOCOLON PASSING INTO THE MESORECTUM. SEEN FROM BEFORE.

The sigmoid flexure has been drawn upwards.

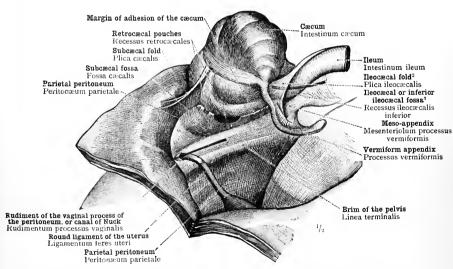


Fig. 760.—Fossa Cæcalis, Subcæcal Fossa; Recessus Retrocæcales, Retrocæcal Pouches; Recessus Ileo-CÆCALIS INFERIOR, INFERIOR ILEOCÆCAL FOSSA. RIGHT ILIAC FOSSA WITH THE RIGHT LATERAL WALL OF THE PELVIS. SEEN OBLIQUELY FROM BEFORE AND THE LEFT SIDE.

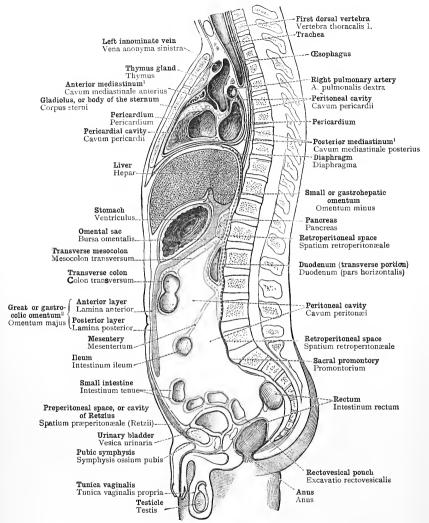
The execum has been drawn upwards.

2 Called by Treves the bloodless fold .- TR.

3 See Appendix, note 23,

* See note * to p. 453.

Peritonæum-Peritoneum.-Mesenterium-Mesentery.



See Appendix, note 24,

² Epiploon, the Greek word for omentum, is occa-ionally used to denote the great omentum.—Tr. ³ The visceral layer of peritoneum covering the liver is not indicated in the diagram by a coloured line —Tr.

Fig. 761.—Diagrammatic Representation of the Normal Course and Arrangement of the Peritoneum, the Mesentery, and the Omental Sac.

The blue lines indicate the primary parietal peritoneum; the red lines, the mesogastrium; and the yellow lines, the visceral peritoneum, including the peritoneal layers of the mesentery. The continuous lines indicate the free surfaces of the peritoneum; the dotted lines, those parts of the peritoneum in which, owing to secondary adhesion, the free surfaces have disappeared (see note 2 above).

APPARATUS RESPIRATORIUS RESPIRATORY ORGANS



FIG. 762.—SEEN FROM THE LEFT SIDE.

FIG. 763.—SEEN FROM BEHIND.

CARTILAGO CRICOIDEA, THE CRICOID CARTILAGE.

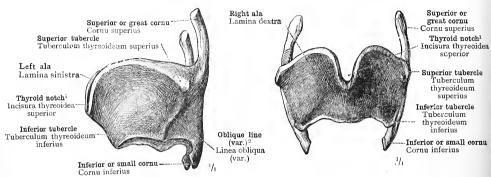


FIG. 764.—SEEN FROM THE LEFT SIDE.

Fig. 765.—Seen from Before.

CARTILAGO THYREOIDEA, THE THYROID CARTILAGE.

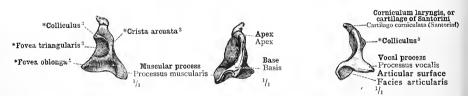


Fig. 766.—Seen from the Outer Side. Fig. 767.—Seen from Behind. Fig. 768.—Seen from the Inner Side. Cartilago Arytæmoidea Sinistra, the Left Arytenoid Cartilage, with the Corniculum Laryngis, or Cartilage of Santorini.

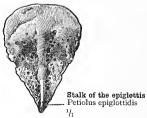


Fig. 769.—Cartilago Epiglottica, Cartilage of the Epiglottis. Seen from Behind.

¹ Or great median notch of the thyroid cartilage.
² See Appendix, note ²⁵,

3 See Appendix, note ²⁶

The Larynx.

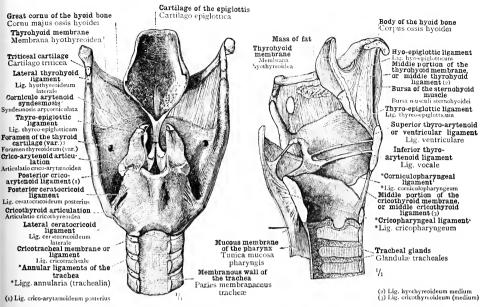
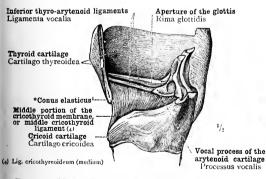


Fig. 770.—Ligaments of the Larynx. and the Thyrohyoid Membrane, seen from Behind. FIG. 771.—LICAMENTS OF THE LARYNX, AND THE THYROHYOID MEMBRANE, SHOWN IN THE LEFT HALF OF A SAGITTALLY-HEMISECTED LARYNX. SEEN FROM WITHIN.

Thyroid cartilage Cartilago thyreoidea Cricoid cartilage Cartilago cricoidea

Inferior thyro-arytenoid ligament—Lig. vocale

Aperture of the glottis Rima glottidis ---*Conus elasticus



Vocal process of the arytenoid cartilage Processus vocalis Capsule of the crico-arytenoid articulation Capsula articulation articulation articulation lig. crico-arytenoid articulation lig. crico-arytenoiden posterius

FIG. 772.—*CONUS ELASTICUS, WITH THE INFERIOR THYRO-ARYTENOID LIGAMENTS, WHICH LATTER FORM THE ELASTIC ELEMENTS OF THE TRUE VOCAL CORDS (PLICÆ VOCALES). SEEN FROM THE LEFT SIDE.

The parts have been laid bare by the removal of the greater part of the left ala of the thyroid cartilage,

See Appendix, note 27.

2 See Appendix, note 28,

FIG. 773.—*CONUS ELASTICUS, WITH THE INVERIOR THYRO-ARYTENOID LIGAMENTS, DISPLAYED FROM ABOVE BY THE REMOVAL OF THE UPPER POR-TIONS OF THE ALÆ OF THE THYROID CARTILAGE AND THE SOFT PARTS INTERNAL TO THE ALÆ.

3 See Appendix, note 29.

4 See Appendix, note 3%

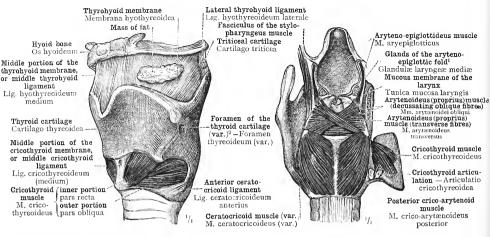


FIG. 774.—THE LARYNX WITH THE THYROHYOID MEMERANE AND THE CRICOTHYROID MUSCLE, SEEN OBLIQUELY FROM THE LEFT SIDE AND BEFORE.

FIG. 775.—THE MUSCLES OF THE LARYNX SEEN FROM BEHIND.

The right ala of the thyroid cartilage has been in part removed.

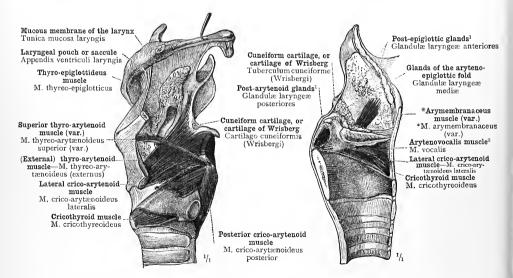


FIG. 776.—THE MUSCLES OF THE LARYNX AS SEEN FROM THE LEFT SIDE AFTER THE REMOVAL OF THE GREATER PART OF THE LEFT ALA OF THE THYROID CARTILAGE.

The laryngeal pouch or saccule (the recess leading upward from the anterior part of the ventricle) is unusually large.

FIG. 777.—THE MUSCLES AND MUCOUS GLANDS OF THE LARYNX, AS SEEN FROM WITHIN IN THE LEFT HALF OF A SAGITTALLY-HEMISECTED LARYNX.

> Part of the nucous membrane covering the true and false vocal cords has been left in situ.

¹ See Appendix, note ^{3t}.
² See Appendix, note ²⁹.
³ Arytenorocalis Muscle.—This is called by Ludwig portio aryvocalis musculi thyreo-arytenoidei.—Tr.

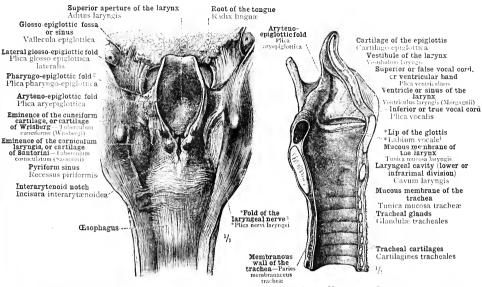
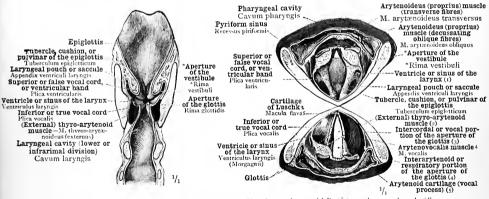


FIG. 778.—ANTERIOR WALL OF THE LARVNGEAL PART OF THE PHARYNX WITH THE SUPERIOR APERTURE OF THE LARVNX.

The posterior wall of the pharynx has been divided along the median line, and the lateral walls have been turned outwards. FIG. 779.—LEFT HALF OF A SAGITTALLY HEMISECTED LARYNX. PLICA VOCALIS, INTERIOR OR TRUE VOCAL CORD; PLICA VENTRICULARIS, SUPERIOR OR FALSE VOCAL CORD, OR VENTRICULAR BAND; VENTRICULUS LARYNGIS, VENTRICLE OR SINUS OF THE LARYNX.



(1) Ventriculus laryngis (Morgagnii) (2) M. thyreo-arytenoideus (externus) (3) Pars intermembranacea rimæ glottidis (5) Cartilago arytenoidea (processus vocalis)

FIG. 780.—ANTERIOR HALF OF A CORONALLY-DIVIDED LARYNX. THE VOCAL APPARATUS, OR GLOTTIS; THE APPERTURE OF THE GLOTTIS, RIMA GLOTTIDIS; THE INFERIOR OR TRIE VOCAL CORD, PLICA VOCALIS, WITH THE LABIUM VOCALIE; THE SUPERIOR OR FALSE VOCAL CORD, OR VENTRICULAR BAND, PLICA VENTRICULARIS; THE VENTRICLE OR SINUS OF THE LARYNX, VENTRICULUS LARYNGIS, AND THE LARYNGED OVENTRICULE CORSIONAL LARYNGIS.

FIG. 781.—UPPER AND LOWER HALVES OF A LARVAX, DIVIDED INTO TWO PARTS BY A HORIZONTAL SECTION PASSING THROUGH THE VENTRICLES OF THE LARVAX, WITH THE ADJACENT PART OF THE PHARYMX.

In the lower half on the right side the mucous membrane of the ventricle of the larynx has been removed, to show the arytenovocalis* and (external) thyro-arytenoid muscles.

^{*} See Appendix, note 34.

² See note 7 to 15 415.

³ See note 3 to p. 434.

⁴ See note 3 to p. 460.

⁵ See Appendix, note 33,

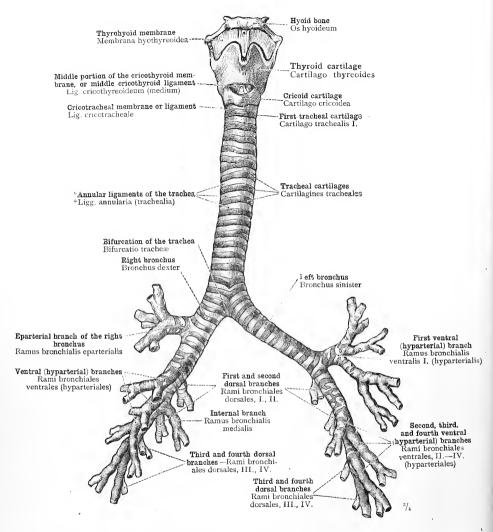


Fig. 782.—The Trachea, its Bifurcation into the Right and Left Bronchial Trunks (Bronchi), and the Larger Subdivisions of these (Rami Bronchiales). Seen from Before.

The air-passages were filled with tallow before opening the thorax. Subsequently the parts were dissected out and dried.

The Trachea and the Bronchial Ramification.

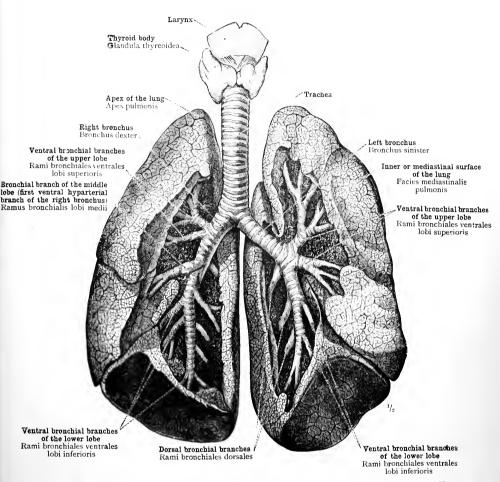


FIG. 783.—THE TRACHEA, ITS BIFURCATION INTO THE RIGHT AND LEFT BRONCHIAL TRUNKS (BRONCHI), AND THE LARGER SUBDIVISIONS OF THESE (RAMI BRONCHIALES). RELATIONS OF THE BRONCHIAL BRANCHIES TO THE LOBES OF THE LUNG AND TO THE DIFFERENT REGIONS OF THESE LOBES. SEEN FROM BEFORE.

After the lungs had been steeped in alcohol, the bronchial tubes were exposed from the inner or mediastinal surface of the lungs by the removal of the portions of lung tissue by which they were covered. The lungs were drawn a little apart from one another anteriorly.

The Trachea and the Bronchial Ramification.

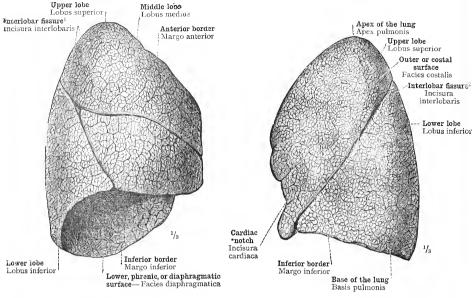
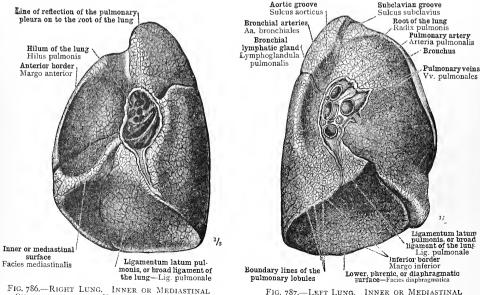


FIG. 784.—RIGHT LUNG. OUTER OR COSTAL SURFACE.

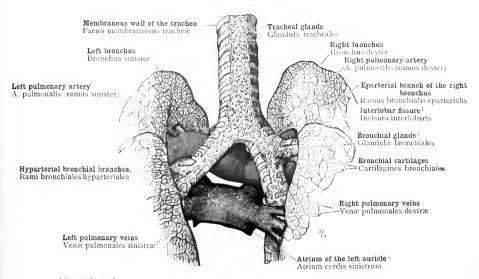
FIG. 785.-LEFT LUNG. OUTER OR COSTAL SURFACE.

Fissures of the Lung.—The single fissure of the left lung, and the lower, more oblique, of the two fissures of the right lung, are sometimes distinguished as great fissures from the upper, nearly horizontal fissure of the right lung, which may be called the supplementary fissure.—TR.



SURFACE, WITH THE HILUM LAID BARE BY THE REMOVAL OF THE STRUCTURFS FORMING THE ROOT OF THE LUNG.

FIG. 787.—LEFT LUNG. INNER OR MEDIASTINAL SURFACE, WITH THE ROOT OF THE LUNG CUT ACROSS.



¹ See note ¹ to p. 464, 25 Eronchial Glaunis.—These are small mucous glands in the walls of the Immechi, and must not be confounded with the bronchial pmphatic glands.—The search small mucous glands in the walls of the Immechi, and must not be confounded with the bronchial pmphatic glands.—The

Fig. 788.—Roots of the Lungs, Radices Pulmonum, seen from Behind. Mutual Relations of the Pulmonary Artery, the Pulmonary Veins, the Main Bronchial Trunk, and the Primary Bronchial Branches, as they enter the Hilum of Each Lung.

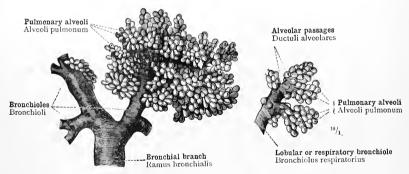


Fig. 789.-- Ultimate Extremities of the Air-Passages.

After filling the bronchial ramification with resin, the lung tissue surrounding the air passages was removed by maceration in hydrochloric acid.

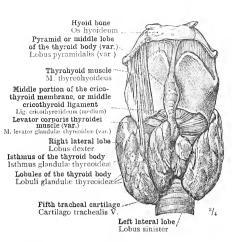


FIG. 790.—GLANDULA THYREOIDEA, THE THYROID BODY, WITH THE LARYNX AND TRACHEA, SEEN FROM BEFORE.

*Adventitious coat of the pharynx (post-pharyngeal fascia) Tunica adventicia pharyngis Right lateral lobe of the thyroid body obus dexter glandulæ thyreoideæ Remnants of the thymus gland Left lateral lobe of the thyroid body Lobus sinister glandulæ thyreoideæ **E**sophagus Traches

Fig. 791.—The Thyroid Body, with the Esophagus, seen from Behind.

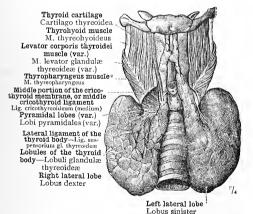


FIG. 792.—GLANDULA THYREOIDEA, THE THYROID BODY, WITH THE ISTHMUS WANTING, AND WITH BILATERAL PYRA-MIDAL LOBES (VARIETY).

* See Appendix, note 34

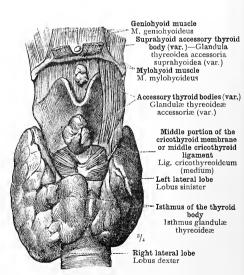


Fig. 793.—Thyroid Body with Several Accessory Thyroids; One of the Latter is situate above the Hyoid Bone, behind the Mylohyoid Muscle.

² See note ¹ to p. 433.

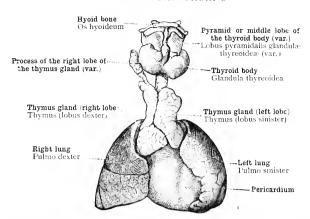
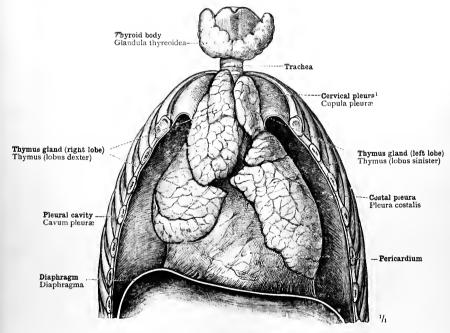


Fig. 794.—The Thymus Gland, with the Thyroid Body, the Pericardium, and the Lungs, of a Human Fætus in the Sixth Month of Intra-uterine Life (Months of Four Weeks Each). Seen from Before.



¹ Cupula Pleura.—This term is applied by the author to the dome-shaped summit of the pleura, but as this portion on the pleura projects through the superior aperture of the thorax into the root of the neck, it is generally known in England as the cervical pleura.—TR.

Fig. 795.—The Thymus Gland, with the Pericardium, as seen from Before after the Lungs have been entirely removed. From a Boy aged Five Weeks.

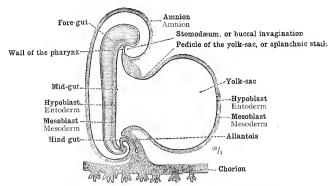


Fig. 796.—Human Embryo in the Beginning of the Third Week (Diagrammatic).

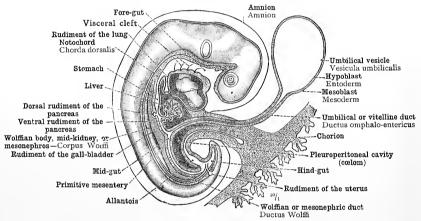


FIG. 797.—HUMAN EMBRYO IN THE BEGINNING OF THE FIFTH WEEK (DIAGRAMMATIC).

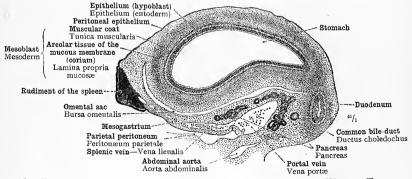


Fig. 798.—Rudiment of the Spleen. Human Embryo in the Sixth Week. Transverse Section

TOPOGRAPHICAL ANATOMY

OF THE

THORACIC AND ABDOMINAL VISCERA

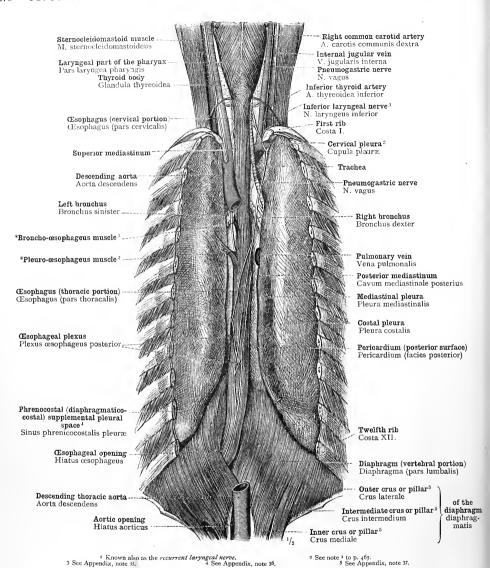


Fig. 799.—Course of the Thoracic Portion of the Œsophagus in the Posterior Mediastinum, and its Passage through the Œsophageal Opening in the Diaphragm. The Œsophagus is seen from Behind, having been exposed by the Removal of the Vertebral Column, the Posterior Extremities of the Ribs, and the Greater Part of the Descending Thoracic Aorta. Broncho-æsophageus and Pleuro-æsophageus Muscles.

The pleura has been left intact.

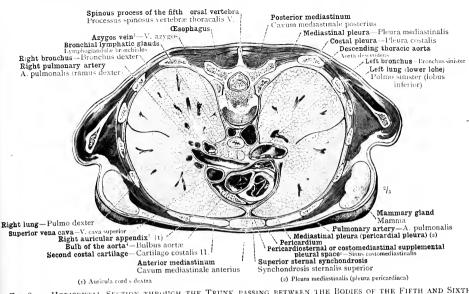


Fig. 800.—Horizontal Section through the Trunk passing between the Bodies of the Fifth and Sixth Dorsal Verteeræ.

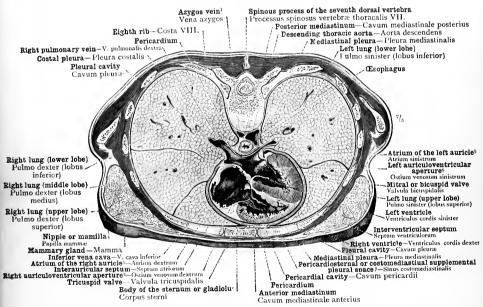


FIG. 801.—HORIZONTAL SECTION THROUGH THE TRUNK PASSING BETWEEN THE BODIES OF THE SEVENTH AND EIGHTH DORSAL VERTEBRÆ.

Sometimes called the right of large azygot vein.
 See Appendix, note \$\psi\$, 3 See note 3 to p. 411.
 See Appendix, note \$\psi\$,
 See Rependix, note \$\psi\$.
 See Rependix, note \$\psi\$.
 Or mitral orifice.

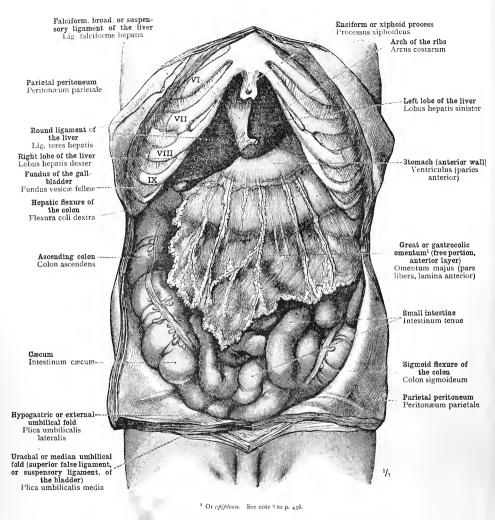
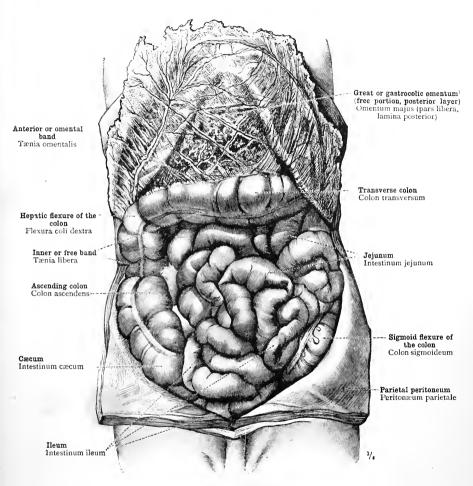


Fig. 802.—Position of the Abdominal Viscera as seen after the Abdominal Cavity has been opened in the Usual Manner and the Costal Arches have been laid bare.

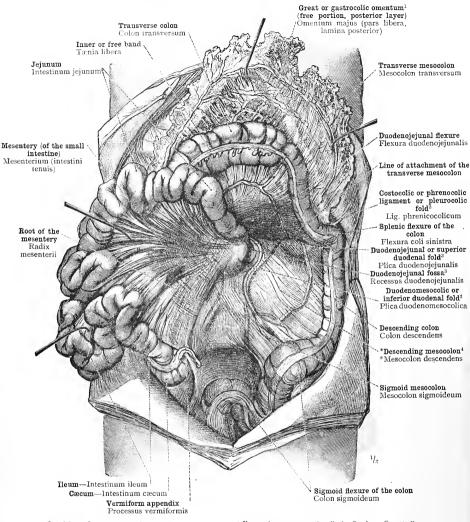
The visible portions of the large intestine (colon) are moderately distended with gas; the great or gastrocolic omentum (omentum majus) is in its natural position.

Topographical Anatomy of the Abdominal Viscera.



1 Or epiploon. See note 2 to p. 456.

FIG. 803.—POSITION OF THE VISCERA IN THE LOWER PORTION OF THE ABDOMINAL CAVITY, AFTER THE GREAT OR GASTROCOLIC OMENTUM HAS BEEN TURNED UPWARDS. RELATION OF THE GREAT OMENTUM TO THE TRANSVERSE COLON (COLON TRANSVERSUM); POSITION OF THE CÆCUM (INTESTINUM CÆCUM) AND OF THE ASCENDING COLON (COLON ASCENDENS) IN RELATION TO THE LOOPS OF THE FREE PORTIONS OF THE SMALL INTESTINE (INTESTINUM TENUE): [EJUNUM (INTESTINUM JEJUNUM) AND ILEUM (INTESTINUM ILEUM).



I Or epiploon. See note 2 to p. 456. 3 See Fig. 757 on p. 454 and Appendix, note 20. ² Known also as sustentaculum lienis. See Appendix, note 4¹, 4 See note ¹ to p. 453.

Fig. 804.—The Free Portions of the Small Intestine (Intestinum Tenue), the Jejunum (Intestinum Jejunum), and the Ileum (Intestinum Ileum), have been turned as far as possible to the Right, and the Transverse Colon (Colon Transversum) has been drawn upwards, to show the Transition of the Latter into the Descending Colon (Colon Descendens), and of the Descending Colon into the Sigmoid Flexure of the Colon (Colon Sigmoideum). The Mesentery and its Root (Mesenterium et Radix Mesenterii) are seen from the Left Side. Of the Mesentery of the Large Intestine, or Mesocolon, the Left Half of the Transverse Mesocolon with its Line of Attachment, the *Descending Mesocolon (see note 4 above), and the Sigmoid Mesocolon are visible. Recessus Duodenojejunalis, Duodenojejunal Fossa (see note 3 above).

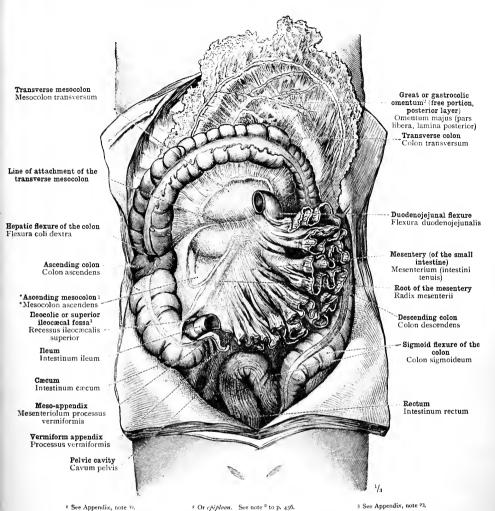
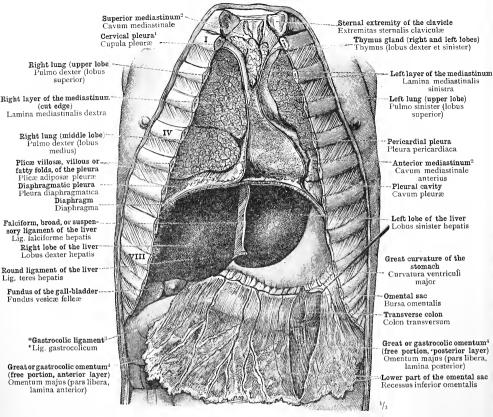


FIG. 805.—THE FREELY-MOVABLE PORTION OF THE SMALL INTESTINE HAS, WITH THE EXCEPTION OF THE COMMENCEMENT OF THE JEJUNUM AND THE TERMINATION OF THE ILEUM, BEEN CUT AWAY FROM THE MESENTERY, AND THIS LATTER HAS BEEN TURNED TO THE LEFT. THE MESENTERY AND ITS ROOT (MESENTERIUM ET RADIX MESENTERII) ARE SEEN FROM THE RIGHT SIDE. OF THE MESENTERY OF THE LARGE INTESTINE, OR MESOCOLOR, THE RIGHT PORTION OF THE TRANSVERSE MESOCOLOR WITH ITS LINE OF ATTACHMENT, AND THE *ASCENDING MESOCOLOR (see Appendix, note 28) ARE VISIBLE. RECESSUS ILEOCÆCALIS SUPERIOR, ILEOCACIC OR SUPERIOR ILEOCÆCAL FOSSA (see Appendix, note 23). INTESTINUM CÆCUM, THE CÆCUM; COLON ASCENDENS, THE ASCENDING COLON; COLON TRANSVERSUM, THE TRANSVERSE COLON; COLON SIGMOIDEUM, THE SIGMOID FLEXURE OF THE COLON, AND ITS TRANSITION INTO THE RECTUM (INTESTINUM RECTUM).



1 See note 7 to p. 467.

2 See note 2 to p. 410 and Appendix, note 24.

3 See Appendix, note 40.

4 Or epiploon. See note 2 to p. 456.

Fig. 806.—Position of the Viscera in the Thoracic Cavity and the Upper Portion of the Abdominal Cavity, as seen after the Removal of the Anterior Walls of the Thorax and Abdomen.

The sternum, the costal cartilages, and the anterior extremities of the bodies or shafts of the ribs, have been removed.

CAVUM MEDIASTINALE ANTERIUS, THE ANTERIOR MEDIASTINUM—ANTERIOR AND SUPERIOR MEDIASTINA OF ENGLISH ANATOMISTS (see note ² above)—WITH THE REMAINS OF THE THYMUS GLAND AND THE ANTERIOR WALL OF THE PERICARDIUM. LAMINÆ MEDIASTINALES, THE TWO LAYERS OF THE MEDIASTINUM. THE ANTERIOR BORDER AND A PORTION OF THE OUTER OR COSTAL SURFACE OF BOTH LUNGS. POSITION OF THE STOMACH IN RELATION TO THE LIVER AND THE TRANSVERSE COLON. GREAT OR GASTROCOLIC OMENTUM (OMENTUM MAJUS) SEEN FROM BEFORE.

The anterior layer of the great omentum, attached above to the great curvature of the stomach, has been divided by a vertical incision to the left of the middle line, and the margins of the incision have been drawn a little apart, in order to show the interior of the lower part of the omental sac (recessus inferior omentalis). Through the aperture thus made, a small portion of the transverse colon, and the posterior layer of the great omentum, are visible.

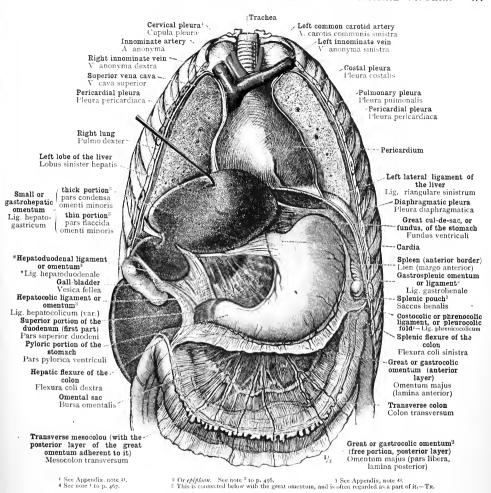
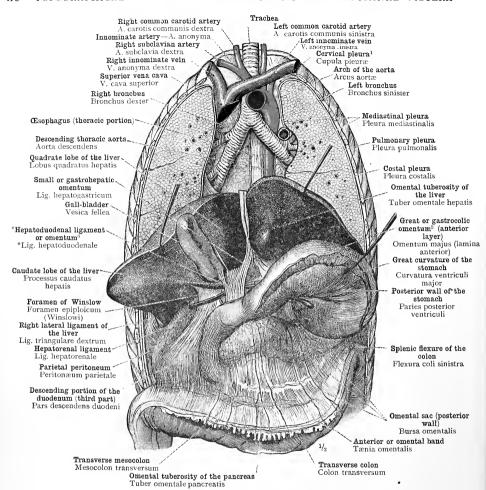


Fig. 807.—The Thoracic Organs and the Viscera in the Upper Part of the Abdominal Cavity as seen after the Removal of the Whole of the Anterior Wall of the Thorax and Abdomen.

By means of a coronal section, the anterior portions of both lungs and of the two layers of the mediastinum have been removed, so that the greater part of the anterior surface of the pericardium is exposed to view. The various parts of the diaphragm and the pleura are seen in section. The liver has been drawn as far as possible to the right, in order to show the stomach in its natural position, and the small omentum, consisting of three portions (see Appendix, note 10); is visible through the thin portion of the small omentum. By the removal of the greater part of the anterior layer of the great or gastrocolic omentum, the posterior wall of the lower part of the omental sac has been exposed; this posterior wall is constituted by the posterior layer of the great omentum, and in part by the transverse mesocolon, adherent thereto.



¹ See note ¹ to p. 467.

4 See Appendix, note ¹⁶.

See note ² to p. 456.

See note ² to p. 476.

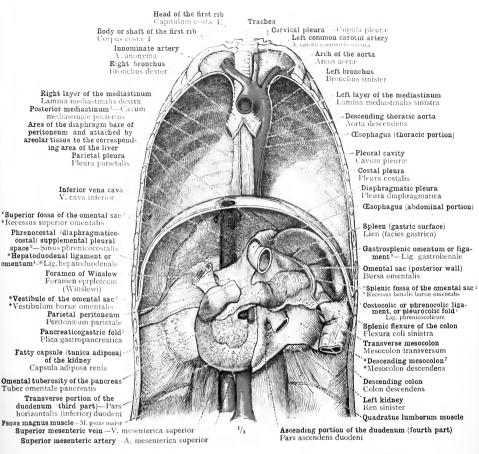
3 See Appendix, note ⁴².

5 See note ² to p. 410 and Appendix, note ²⁴.

FIG. 808.—THE THORACIC AND ABDOMINAL WALLS HAVE BEEN REMOVED AS FAR BACK AS THE AXILLARY LINE (see Fig. 818, \$\delta\$. 488). THE ANTERIOR PORTIONS OF BOTH LUNGS HAVE BEEN REMOVED IN FRONT OF THE HILDUI, AND THE PERICARDIAL SAC AND THE HEART HAVE BEEN TAKEN AWAY, SO THAT THE HINDER PART OF THE MIDDLE AND SUPERIOR MEDIASTINA AND THE POSTERIOR MEDIASTINUM (see note \$\delta\$ above) ARE SEEN FROM THE FRONT. AND THE BRONCHIAL RAMIFICATION, THE (ESOPHAGUS, AND THE DESCENDING THORACIC AORTA, ARE PARTIALLY DISPLAYED.

THE FREE PORTION OF THE GREAT OR GASTROCOLIC OMENTUM HAVING BEEN CUT AWAY BY INCISIONS PASSING ALONG ITS ATTACHMENTS TO THE GREAT CURVATURE OF THE STOMACH AND TO THE TRANSVERSE COLON, THE LIVER AND THE STOMACH WERE DRAWN UPWARDS AS FAR AS POSSIBLE, IN ORDER TO SHOW THE ENTRANCE TO THE OMENTAL SAC BY MEANS OF THE FORAMEN OF WINSLOW (FORAMEN EPIPLOICUM WINSLOWI), AND THE INTERIOR OF THE OMENTAL SAC (BURSA OMENTALIS), THE POSTERIOR WALL OF WHICH IS TO A LARGE EXTENT LAID BARE; IN THIS AREA, AND COVERED BY THE POSTERIOR LAYER OF THE GREAT OMENTUM, THE PANCREAS IS VISIBLE.

A sound has been passed through the foramen of Winslow into the omental sac.



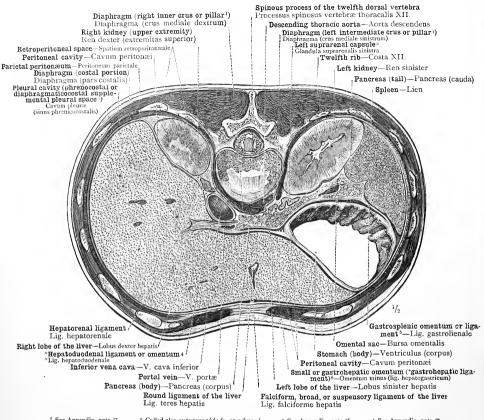
See Appendix, note 43, 25 See note 1 to p. 467. 6

Source THE THORACIC AND ABL.

² See Appendix, note 44. ⁶ See Appendix, note 41. 3 See Appendix, note 36, 7 See note 2 to p. 453.

4 See Appendix, note 42, 8 See Appendix, note 45,

FIG. 809.—THE THORACIC AND ABDOMINAL WALLS HAVE BEEN REMOVED AS FAR BACK AS THE AXILLARY LINE (see Fig. 818, p. 488). The Pericardium, the Heart, and the Lungs have been completely removed, so that the Two Pleural Cavities covered by the Costal (Parietal) Pleura, and between these the Posterior Mediastinum and the Posterior Part of the Superior Mediastinum, are seen. The Liver, the Stomach, and the Greater Part of the Intestine have been removed, in order to show the Mutual Relations of the Duddenum, the Pancreas, and the Spleen. The Posterior Wall of the *Vestibule of the Omental Sac, consisting of Parietal Peritoneum, and the Posterior Wall of the Omental Sac, consisting of the Axial Portion of the Mesogastrium, are visible, also the *Superior Fossa and the *Splenic Fossa of the Omental Sac.



ee Appendix, note 37. 2 Called also suprarenal body, or adrenal, 3 See Appendix, note 36. 4 See Appendix, note 42. The gastroplenic mentum is connected below with the great omentum, and is often regarded as a part of it.—Tr. 6 See Appendix, note 42.

FIG. 810.—HORIZONTAL SECTION THROUGH THE TRUNK PASSING BETWEEN THE BODIES OF THE TWELFTH DORSAL AND FIRST LUMBAR VERTEBRÆ.

The section cuts the liver almost through its greatest transverse (horizontal) dimension, the stomach above the middle of its body, the spleen about the middle of its vertical extent. the body and tail of the pancreas near the upper border of that organ, the right kidney near its upper extremity, the left kidney above its middle; both suprarenal capsules also appear in the section. Between the vena cava inferior and the *hepatoduodenal ligament (see Appendix, note 42), the section passes through the foramen of Winslow (foramen epiploicum Winslowi), into which the caudate lobe of the liver (processus caudatus hepatis—see Appendix, note 16) projects; behind the small or gastro-hepatic omentum (see Appendix, note 42) the *vestibule of the omental sac (see Appendix, note 44) is cut across. The aorta is divided as it passes through the aortic opening in the diaphragm, the vena cava inferior below its entrance into the fissure or fossa of the vena cava, and the portal vein just after it has passed between the layers of the small or gastrohepatic omentum.

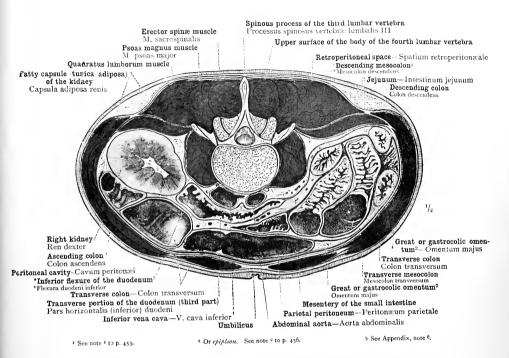
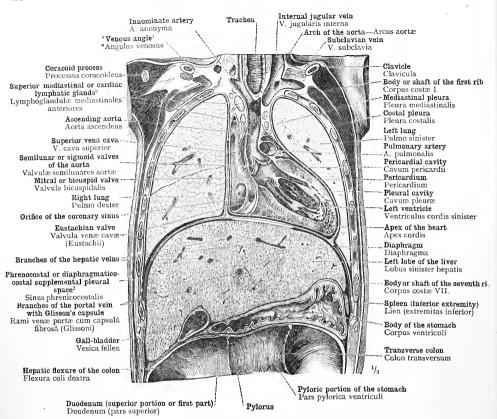


Fig. 811.—Horizontal Section through the Trunk at the Level of the Umbilicus, passing between the Bodies of the Third and Fourth Lumbar Vertebræ.

The right kidney is divided near its inferior extremity, but the left kidney is entirely above the plane of section. As regards the small intestine, the whole length of the transverse portion of the duodenum appears in the section, in addition to several coils of the jejunum. The ascending colon is divided close to the commencement of the hepatic flexure. The greater part of the transverse colon is distended, and is divided nearly in the direction of its long axis; in the neighbourhood of the splenic flexure, however, it is contracted, and is divided transversely; the descending colon is also seen in transverse section. The section further shows portions of the great or gastrocolic omentum, of the mesentery of the small intestine, and of the *descending mesocolon (see note 'a above).



Angulus venosus, the *venous angle, is the name given by the author to the junction of the internal jugular and subclavian veins to the innominate vein. The term is not used by English anatomists.—Tr.

Angulus venous, the "remove angue, is the name given by the author to the junction of the internal juguar and successan venus to form the innominate vein. The term is not used by English anatomists.—Tr.

2 See Appendix, note 36.

3 There are three or four lymphatic glands behind the lower part of the body of the sternum, between that hone and the pericardium, known as the anterior mediastinal lymphatic glands. Those figured here are, however, in the superior mediastinal lymphatic glands (see note 1 to p. 456). As they receive the lymphatic glands to those of the greater part of the pericardium and of the thymus gland, they are often called the cardiac lymphatic glands.—Tr.

FIG. 812.—CORONAL SECTION THROUGH THE TRUNK; ON THE RIGHT SIDE OF THE BODY THE SECTION PASSES THROUGH THE ANTERIOR AXILLARY FOLD, ON THE LEFT SIDE A LITTLE IN FRONT OF THIS FOLD.

The left ventricle, the ascending aorta, and the superior vena cava are divided longitudinally, while the pulmonary artery is divided transversely. The right auricle is divided in front of the orifices of the inferior vena cava and the coronary sinus. The liver is cut across almost in its greatest transverse (vertical) dimension. The situation of the contracted stomach and of the superior or first part of the duodenum in relation to the liver and to the greatly distended transverse colon is to be noted.

[The superior and middle mediastina of English anatomists are seen in coronal section; the plane between them is at the level of the reflection of the pericardium on the ascending aorta, above the transversely divided pulmonary artery. See note 2 to p. 410 and Appendix, note 24.—Tr.]

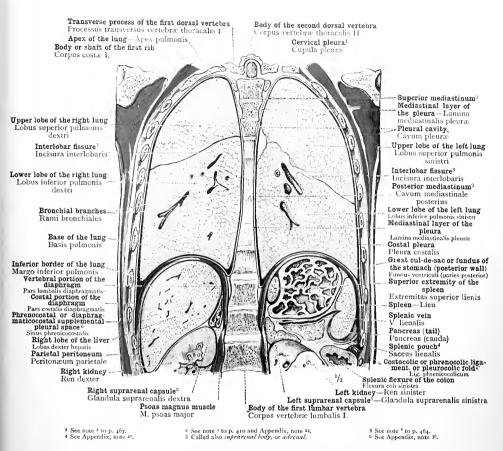


Fig. 813.—Coronal Section through the Trunk, a little behind the Axillary Line (see Fig. 818, p. 488).

The section passes through the bodies of the uppermost and lowermost dorsal vertebrae, but passes in front of the bodies of the fifth to the tenth dorsal vertebrae; hence those portions of the viscera that lie in the posterior portions of the thoracic and abdominal cavities on either side of the spinal column appear in the section. The lungs are divided very nearly in their greatest vertical dimension. In the right side of the abdominal cavity, the relations of the kidney and the suprarenal capsule (see note balove) to the liver are shown; in the left side, the relations of the splene to the great cul-de-sac or fundus of the stomach, to the tail of the pancreas, and to the splene flexure of the colon.

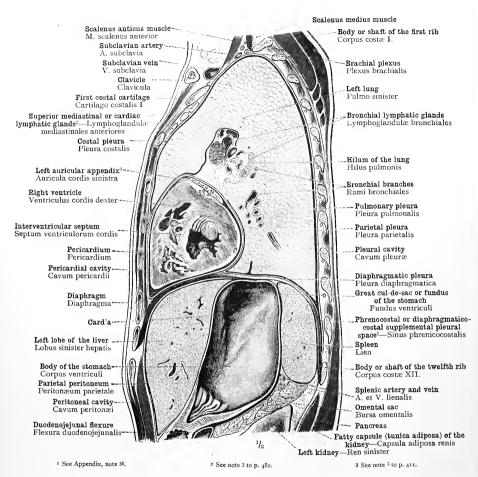


Fig. 814.—Sagittal Section through the Trunk, 4 Centimetres (1.575 Inches) to the

The section passes through the hilum of the left lung, and divides the lung itself very nearly in its greatest vertical dimension; the two ventricles are divided obliquely. The body and the great cul-de-sac or fundus of the moderately distended stomach are divided approximately in their long axis, so that the position of the cardia at the upper end of the small curvature of the stomach is well shown. The relations of the stomach to the left lobe of the liver, to the spleen, to the pancreas, and to the duodenojejunal flexure, are to be noted.

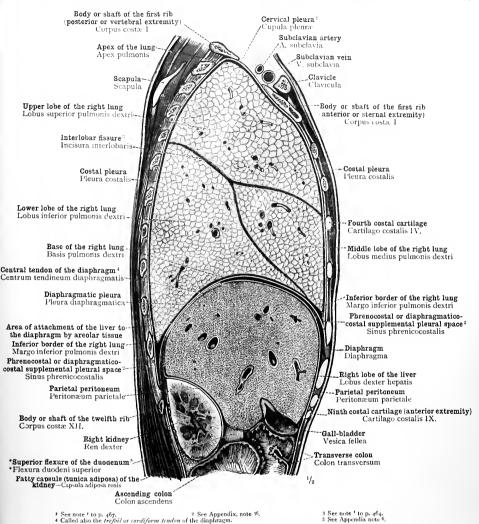


Fig. 815.—Sagittal Section through the Trunk, 6 Centimetres (2'362 Inches) to the Right of the Median Plane.

The section passes to the right of the hilum of the lung, and divides all three lobes of the organ. The other organs seen in the section are: The right lobe of the liver, the gall-bladder, the right kidney, and portions of the ascending and transverse colon, which latter is moderately distended. The *superior flexure of the duodenum is also shown, its right (convex) wall appearing in the section.

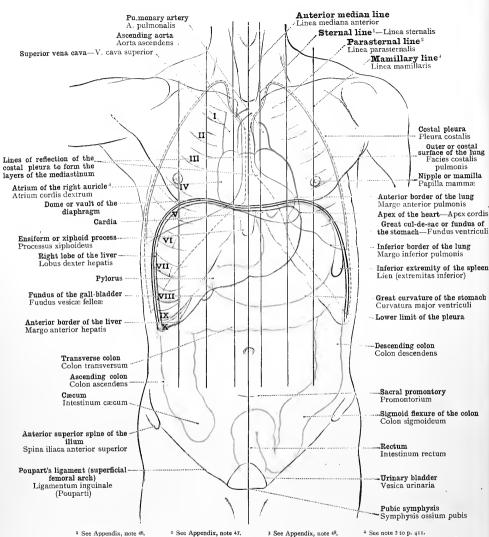
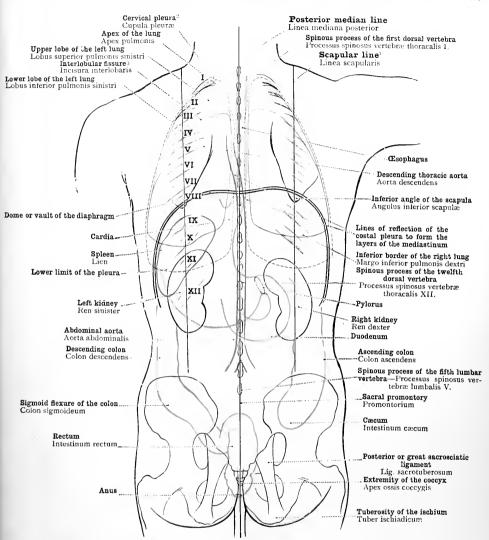


Fig. 816.—Projection-Outlines of the Thoracic and Abdominal Organs on the Anterior Surface of the Trunk,

The red line indicates the outline of the heart and the great vessels (superior vena cava, ascending aorta, and pu'monary artery); the continuous blue lines indicate the outlines of the two lungs; the dotted blue lines, the boundaries of the pleural cavities. The violet line indicates the projection-outline of the liver and the fundus of the gall-bladder; the yellow lines indicate the projection-outline of the stomach and the different sections of the large intestine. The projection-outlines of the dome or vault of the diaphragm and of the inferior extremity of the spleen are black.

Guide-Lines for the Determination of the Position of the Thoracic Organs: Anterior Median Line, Sternal Line (see Appendix, note 46), Parasternal Line (see Appendix, note 47), and Mamillary Line (see Appendix, note 48). The Ribs are distinguished by Roman Numerals.



² The scapular tine is a vertical line traced on the back of the trunk passing through the inferior angle of the scapula.—TR, ² See note ¹ to p. 464.

FIG. 817.—PROJECTION-OUTLINES OF THE THORACIC AND ABDOMINAL ORGANS ON THE POSTERIOR SURFACE OF THE TRUNK.

The red lines indicate the outlines of the descending thoracic aorta, the abdominal aorta, and the spleen; the continuous blue lines indicate the outlines of the two lungs and of their upper and lower lobes; the dotted blue lines, the boundaries of the pleural exitties. The yellow lines indicate the projection-outlines of the stonach, the duodenum, and various portions of the large intestine. The projection-outlines of the dome or vault of the diaphragm and of the two kidneys are black.

Guide-Lines for the Determination of the Position of the Thoracic Organs: Posterior Median Line and Scapular Line (see note's above). The Ribs are distinguished by Roman Numerals.

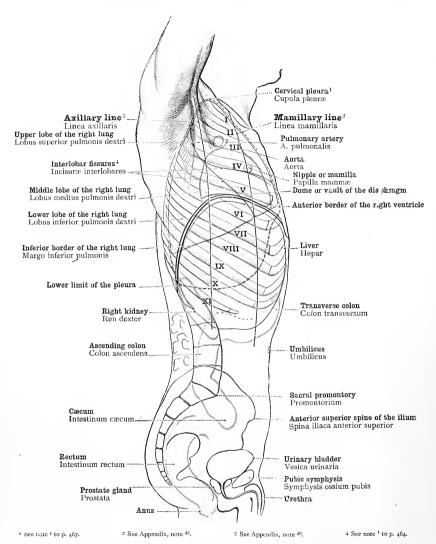


Fig. 818.—Projection-Outlines of the Thoracic and Abdominal Organs on the Right Side of the Trunk.

The red line indicates the outline of the heart and the pulmonary artery; the continuous blue lines indicate the outlines of the right lung and its three lobes; the dotted blue line indicates the boundaries of the pleural cavity. The violet line indicates the projection-outline of the right lobe of the liver; the yellow lines indicate the projection-outlines of the right kidney and the different sections of the large intestine.

Guide-Lines for the Determination of the Position of the Thoracic Organs: Axillary Line (see Appendix, note 49) and Mamillary Line (see Appendix, note 48). The Ribs are distinguished by Roman Numerals.

APPARATUS UROGENITALIS GENITO-URINARY APPARATUS

ORGANA UROPOËTICA URINARY ORGANS

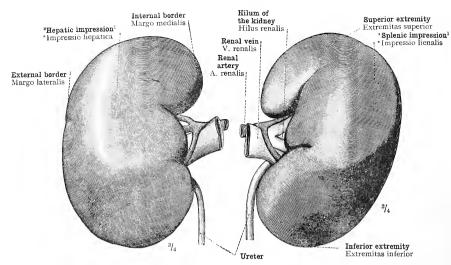


Fig. 819.—Ren Dexter, the Right Kidney. Facies Anterior, Anterior Surface.

Fig. 820.—Ren Sinister, the Left Kidney. Facies Anterior, Anterior Surface.

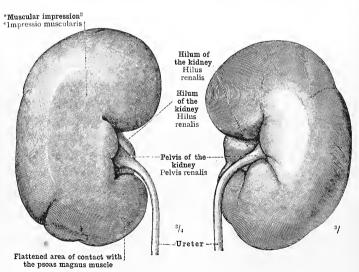


FIG. 821.—REN SINISTER, THE LEFT KIDNEY. FACIES POSTERIOR, POSTERIOR SURFACE.

FIG. 822.—REN DEXTER, THE RIGHT KIDNEY. FACIES POSTERIOR, POSTERIOR SURFACE.

¹ Impressions.—When the solid viscera are hardened in situ, their surface presents facets corresponding to the areas of contact with one another and with the structures forming the wall of the abdominal cavity. Such facets are termed impressions. The word is used most frequently in connexion with the impressions of the liver.—TR.

2 The invascular interession is a flattening, very variable in extent, indicating the area of contact of the kidney with the anterior surface of the quadratus lumborum muscle (see also note \).—TR.

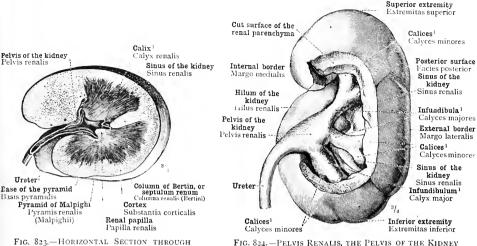


FIG. 824.—PELVIS RENALIS, THE PELVIS OF THE KIDNEY WITH THE CALICES AND INFUNDIBULA (CALYCES RENALES MINORES ET MAJORES) LAID BARE BY THE REMOVAL OF A PORTION OF THE RENAL PARENCHYMA FROM BEHIND.

Arterial arch

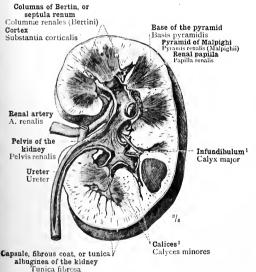


Fig. 825.—Coronal Section through the Right Kidney and the Renal Pelvis. Substantia Cor-TICALIS, THE CORTEX; SUBSTANTIA MEDULLARIS,

THE MEDULLA.

THE MIDDLE OF THE RIGHT KIDNEY AND

THE RENAL PELVIS.

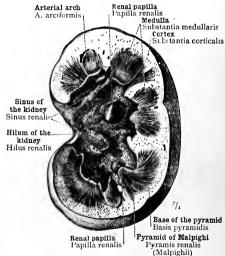


FIG. 826.—SINUS RENALIS, THE SINUS OF THE KIDNEY, DISPLAYED IN A CORONALLY-BISECTED KIDNEY BY REMOVAL OF THE RENAL PELVIS AND THE BLOODYESSELS POSTERIOR HALF.

* See Appendix, note 50.

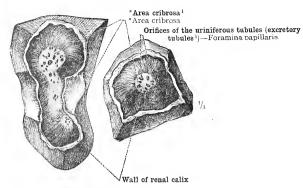


Fig. 827.—*Area Cribrosa¹ of the Renal Papilla.

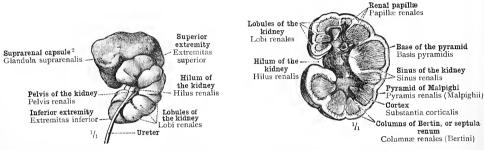
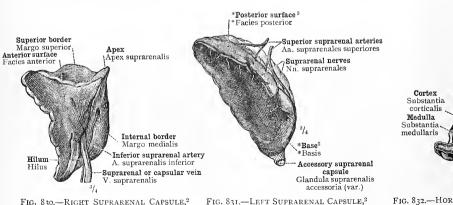


FIG. 828.—RIGHT KIDNEY AND SUPRARENAL CAP-SULE² FROM A HUMAN FŒTUS IN THE MIDDLE OF THE SEVENTH MONTH (MONTHS OF FOUR WEEKS EACH). SEEN FROM BEHIND. FIG. 829.—SINUS OF THE KIDNEY, DISPLAYED IN THE CORONALLY-BISECTED KIDNEY OF AN INFANT AGED THREE WEEKS



1 See Appendix, note 51.

SEEN FROM BEFORE.

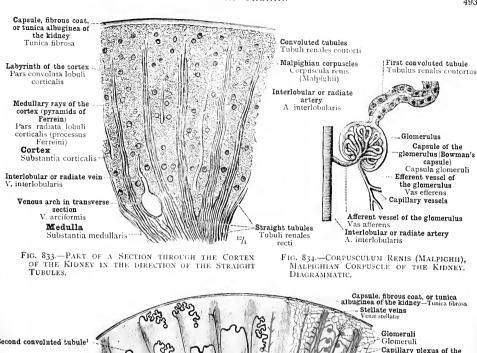
² Called also suprarenal body, or advenal.

3 See Appendix, note 52.

FIG. 832.—HORIZONTAL SECTION THROUGH THE LEFT SUPRA-RENAL CAPSULE.²

Ren—The kidney.—Glandula suprarenalis—The suprarenal capsule (see note 2 above).

SEEN FROM BEHIND.



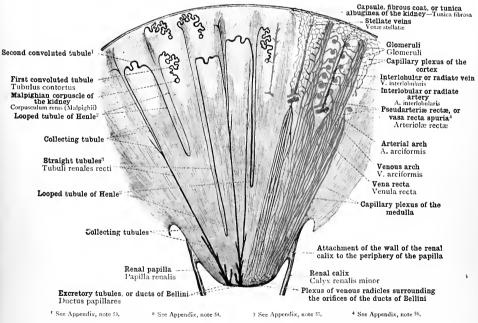


Fig. 835.—Diagrammatic Representation of the Arrangement of the Uriniferous Tubules and the BLOODVESSELS IN THE KIDNEY.

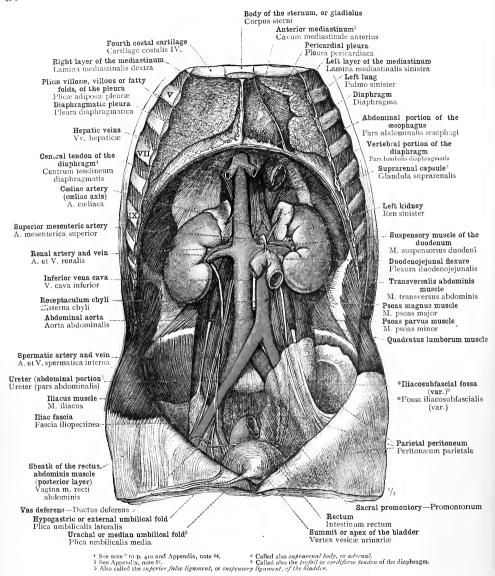
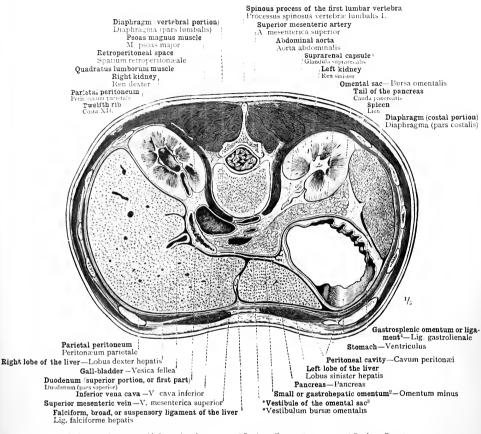


Fig. 836.—Posterior Wall of the Abdominal Cavity, as seen after the Removal of the Parietal Peritoneum; Spatium Retroperitoneale, the Retroperitoneal Space. Position of the Kidneys and the Suprarenal Capsules (see note 2 above). Abdominal Portion of the Œsophagus. Musculus Suspensorius Duodeni, the Suspensory Muscle of the Duodenum.

In the left iliac fossa the parietal peritoneum has been left attached, in order to display the *iliaco-subfascial fossa of the peritoneum, which exists in this specimen. (Compare with this figure Fig. 809, p. 479.)

Retroperitoneal Space and Topographical Anatomy of the Kidney.



Also known as the suprarenal body, or adrenal,
 See Appendix, note 42.
 The gastrosplenic omentum is connected below with the great omentum, and is often regarded as a part of it.—Tr.

Fig. 837.—Horizontal Section tilrough the Trunk, passing through the Body of the First Lumbar Vertebra close to its Upper Surface. The Position of the Kidneys in Relation to the Abdominal Wall, the Liver, the Spleen, and the Pancreas.

The right kidney is divided above, the left below, the middle of its vertical extent. The stomach is divided below the middle of its body; the pancreas, near its inferior surface; the spleen, near its inferior extremity. In the hepatic region the section crosses the umbilical fissure (fossa w næ umbilicalis) and the body of the gall-bladder. Close to the latter the superior or first part of the duodenum is seen. (Compare this section with those shown in Figs. 810 and 811.)

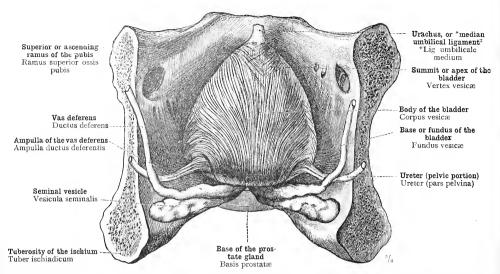


FIG. 838.—EXTERNAL LAYER OF THE MUSCULAR COAT OF THE BLADDER (STRATUM EXTERNUM TUNICÆ MUSCULARIS VESICÆ URINARIÆ). THE CONTRACTED MALE BLADDER IN 1TS NATURAL POSITION, WITH THE PELVIC PORTION OF THE URETER, THE VAS DEFERENS, AND THE SEMINAL VESICLE SEEN FROM BEHIND.

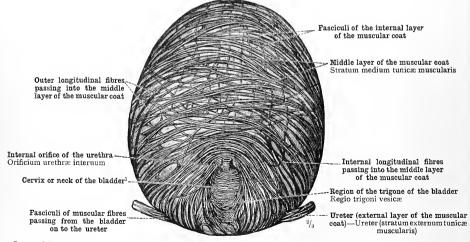


Fig. 839.—Middle and Internal Layers of the Muscular Coat of the Bladder (Stratum Medium et Stratum Internum Tunicæ Muscularis Vesicæ Urinariæ), seen from Before and Below in the Moderately-distended Bladder.

¹ See Appendix, note 58,

² See note 3 to p. 387 in Part III.

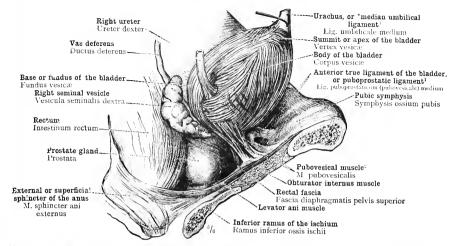


Fig. 840.—External Layer of the Muscular Coat (Stratum Externum Tunicæ Muscularis) of the Contracted Bladder. Relations of the Seminal Vesicle and the Prostate Gland to the Bladder and the Rectum. Seen from the Right Side.

The prostate gland is hypertrophied.

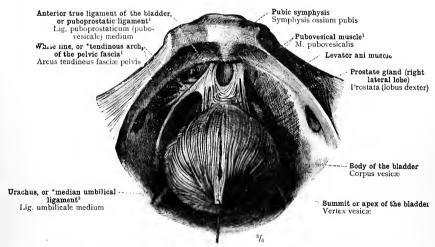


Fig. 841.—External Layer of the Muscular Coat (Stratum Externum Tunicæ Muscularis)
of the Contracted Bladder, seen from Before and Above.

The bladder has been drawn as far as possible backwards away from the pubes. On the right side the levator ani muscle is exposed; on the left side the rectal fascial covering upper or pelvic surface has been left intact.

Lee Appendix, note 59.

- See Append.x, note ∞.

3 See note 3 to p. 587 in Part III.

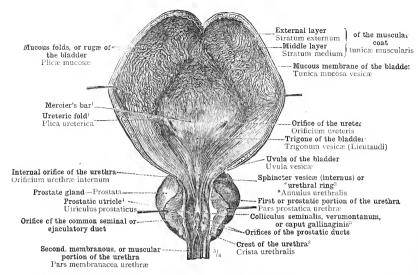


Fig. 842.—The Male Bladder and the First or Prostatic Portion of the Urethra, with the Prostate Gland, opened from Before.

The bladder was in a moderately distended state.

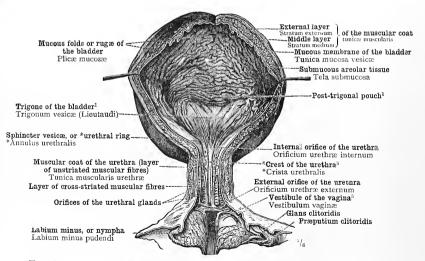
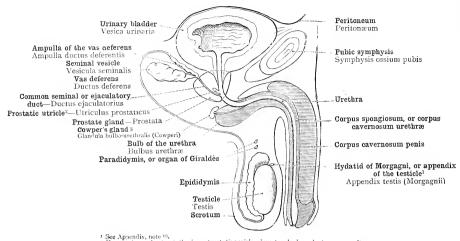


Fig. 843.—The Female Bladder and Urethra, opened from Before The bladder was nearly empty, and contracted.

Zee Appendix, note 61,
 See Appendix, note 62
 See Appendix, note 63,
 See Appendix, note 64,
 See Appendix note 65,

Vesica urinaria—Urinary bladder.

ORGANA GENITALIA VIRILIA MALE REPRODUCTIVE ORGANS



See Appendix, note ¹⁰.
 Known also as the prostatic sinus, prostatic vesicle, sinus pocularis, and nterns masculinus.
 Known also as the subweethral gland.

Fig. 844.—Diagrammatic Representation of the Male Reproductive Organs and their Relations to the Bladder and the Urethra. Lateral View.

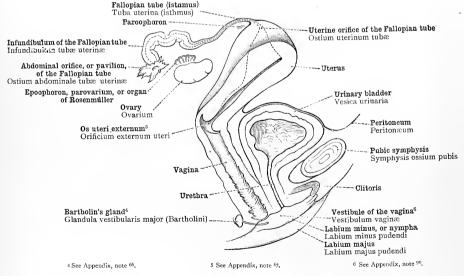


Fig. 845.—Diagrammatic Representation of the Female Reproductive Organs and their Relations to the Bladder and Urethra. Lateral View.

Comparative Diagrams of the Male and Female Reproductive Organs.

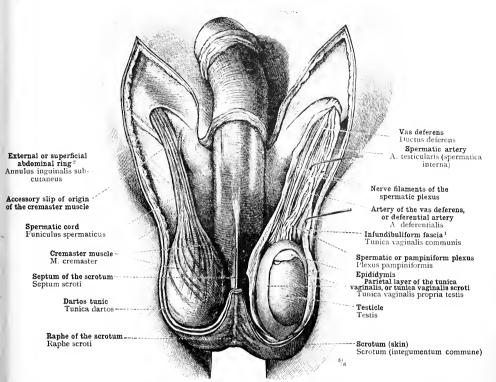


FIG. 846.—THE SCROTUM. THE PENIS HAS BEEN TURNED UPWARDS, AND THE ANTERIOR WALL OF THE SCROTUM HAS BEEN REMOVED. ON THE RIGHT SIDE, THE SPERMATIC CORD, THE INFUNDIBULIFORM FASCIA, AND THE CREMASTER MUSCLE, ARE DISPLAYED; ON THE LEFT SIDE, THE INFUNDIBULIFORM FASCIA HAS BEEN DIVIDED BY A LONGITUDINAL INCISION PASSING ALONG THE FRONT OF THE CORD AND THE TESTICLE, AND A PORTION OF THE TUNICA VAGINALIS SCROTI (PARIETAL LAYER OF THE TUNICA VAGINALIS) HAS BEEN REMOVED, TO DISPLAY THE TESTICLE AND A PORTION OF THE HEAD OR GLOBUS MAJOR OF THE EPIDIDYMIS, WHICH ARE COVERED BY THE TUNICA VAGINALIS TESTIS, OR VISCERAL LAYER OF THE TUNICA VAGINALIS.

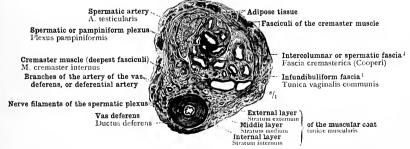


Fig. 847.—Transverse Section through the Spermatic Cord not far from its Emergence from the Inquinal Canal.

¹ See Appendix, note 68.

² Known also as the external inguinal aperture.

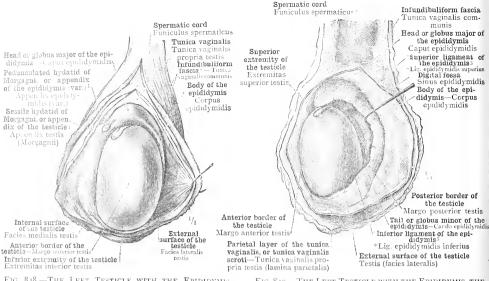


FIG. 848.—THE LEFT TESTICLE WITH THE EPIDIDYMIS, THE INFUNDIBULIFORM FASCIA AND THE PARIETAL LAYER OF THE TUNICA VAGINALIS (TUNICA VAGINALIS SCROTI: HAVING BEEN DIVIDED. SEEN FROM BEFORE.

Fig. 849.—The Left Testicle with the Epididymis, the Latter being drawn a little backwards. The Infundibuliform Fascia and the Parietal Layer of the Tunica Vaginalis (Tunica Vaginalis Scroti) have been divided. Seen from the Outer Side.

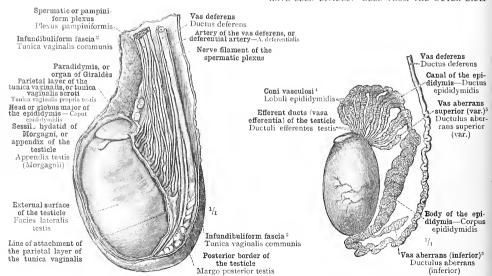


Fig. 850.—The Testicle with the Pampiniform Plexus, the Serous Sac of the Testicle (Tunica Vaginalis) having been opened from the Inner Side. FIG. 851.—THE TESTICLE WITH ITS EFFERENT DUCTS AND THE CANAL OF THE EPIDIDYMIS DISSECTED OUT. SEEN FROM THE OUTER SIDE.

Ese Appendix, note 6°.
See Appendix, note 6°.
See Appendix, note 7°.
See Appendix, note 7°.
See Appendix, note 7°.

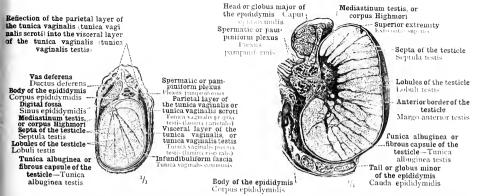


FIG. 852.—HORIZONTAL SECTION THROUGH THE RIGHT TESTICLE AND THE EPIDIDVMIS, AND THROUGH THE TUNICA VAGINALIS AND THE INFUNDEDULHIORM FASCIA.

Fig. 853.—Sagittal Section through the Middle of the Right Testicle. The Mediastinum Testis, or Corpus Highmori.

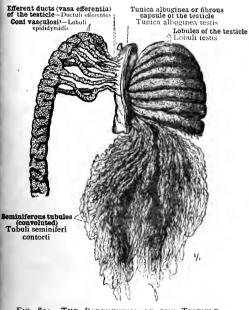
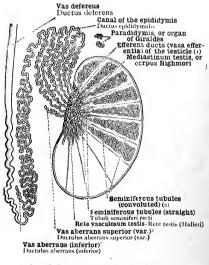


FIG. 854.—THE PARENCHYMA OF THE TESTICLE, PARTIALLY ISOLATED BY MACERATION IN HYDRO-CHLORIC ACID SOLUTION.

2 See Appendix, note 72.



(1) Ductuli efferentes (2) Tubuli seminiferi contorti

FIG. 855.—DIAGRAMMATIC REPRESENTATION OF THE COURSE AND CONNEXIONS OF THE TUBULES OF THE TESTICLE AND THE EPIDIDYMIS.

2 See Appendix, note 71.

Testis-The testicle.-Epididymis-The epididymis.

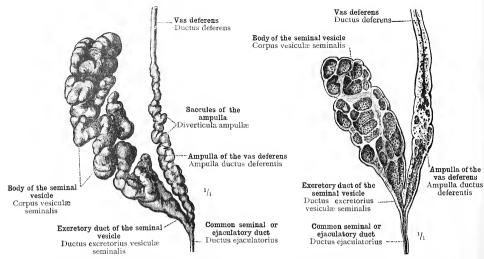
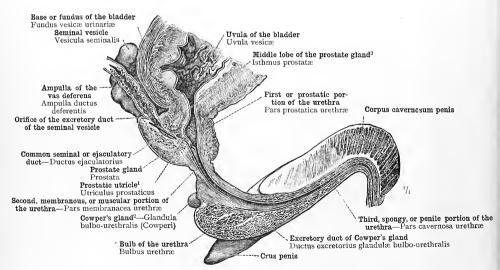


FIG. 856.—CAST OF THE INTERIOR OF THE RIGHT SEMINAL VESICLE, THE AMPULLA OF THE VAS DEFERENS, AND THE COMMON SEMINAL OR ELACULATORY DUCT. FIG. 857.—LONGITUDINAL SECTION THROUGH THE RIGHT SEMINAL VESICLE, THE AMPULLA OF THE VAS DEFERENS, AND THE COMMON SEMINAL OR EJACULATORY DUCT.



Known also as the prostatic sinus, prostatic vesicle, sinus pocularis, and uterus masculinus.
 Known also as the suburethral gland.
 See Appendix, note 73.

FIG. 858.—SAGITTAL SECTION THROUGH THE MALE URETHRA. LEFT HALF. URETHRAL ORIFICES OF THE COMMON SEMINAL OR EJACULATORY DUCT AND THE EXCRETORY DUCT OF COWPER'S GLAND (see note ² above). THE PROSTATIC UTRICLE (see note ¹ above).

Vesicula seminalis—The seminal vesicle.—Ductus deferens—The vas deferens.—Ductus ejaculatorius—The common seminal or ejaculatory duct.

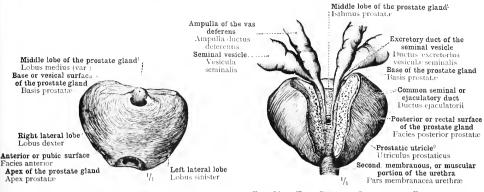


FIG. 859.—THE PROSTATE GLAND, ISOLATED AND SEEN FROM BEFORE.

Fig. 860,-The Common Seminal or Ejaculatory DUCTS AND THE BLIND EXTREMITY OF THE PRO-STATIC UTRICLE, LAID BARE FROM BEHIND BY THE REMOVAL OF A PORTION OF THE PROSTATE GLAND.

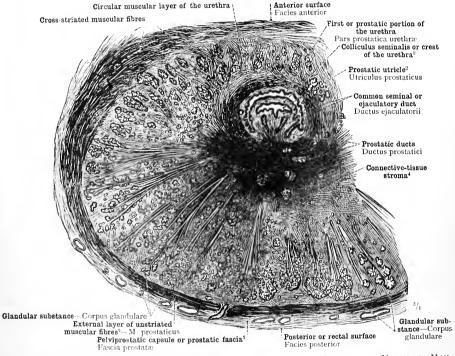


FIG. 861.—HORIZONTAL SECTION THROUGH THE MIDDLE OF THE PROSTATE GLAND OF A MUSCULAR MAN TWENTY-FOUR YEARS OF AGE TRANSVERSE SECTION OF THE COLLICULUS SEMINALIS OR CREST OF THE URETHRA.3

1 See Appendix, note 73.

- nee appendix, note 7).

7 Rown also as the frost actic rims, prostatic vesicle, sinus pocularis, and uterus masculinus.

8 Rown also as the verumentamum or caput gallinacinis. See Appendix, note of 1.

This so-called connective-tissue stream (lindegenobstromm, Toldi) of the prostate pland consists chiefly of unstriated muscular fibres.—Tr.

5 See Appendix, note 74,

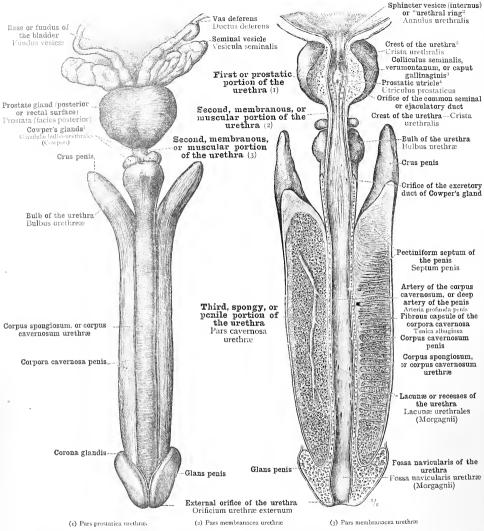


FIG. 862.—THE PENIS, WITH THE URETHRA, COWPER'S GLANDS, THE PROSTATE GLAND, AND THE SEMINAL VESICLES, SEEN FROM BELOW AND BEHIND.

FIG. 863.—THE MALE URETHRA, OPENED FROM ABOVE AND BEFORE BY A SAGITTAL SECTION CLOSE TO THE PECTINIFORM SEPTUM OF THE PENIS.

Known also as the subweethral glands.
 See Appendix, note 62.
 Known also as the prostatic vinus, prostatic vesicle, sinus pocularis, and uterus mascuinus.

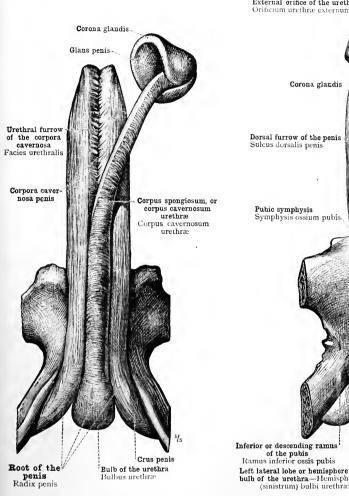


FIG. 864.—THE PENIS, WITH THE PUBIC BONES. SEEN FROM BEFORE AND BELOW.

The corpus spongiosum, or corpus cavernosum urethræ, with the glans penis, has been separated from the corpora cavernosa penis for the anterior half of its extent, and turned to one side.

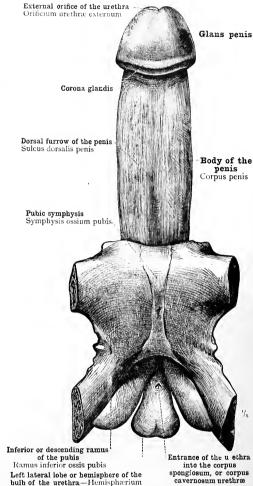


Fig. 865.— The Penis, with the Pubic Bones. Seen from Above and Behind.

The urethra has been cut away at its entrance into the corpus spongiosum, or corpus cavernosum urethrae.

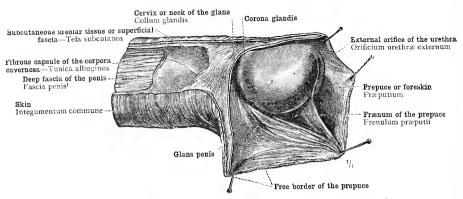


FIG. 866.—FREE PORTION, OR BODY, OF THE PENIS SEEN FROM THE RIGHT SIDE.

The skin has been divided along the dorsum of the penis, and the right half of the prepuce or foreskin has been turned downwards. The subcutaneous arcolar tissue or superficial fascia and the deep fascia have been partially removed.

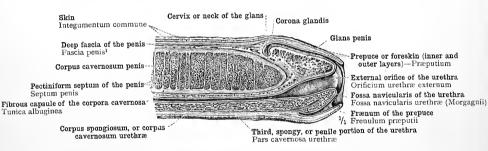


FIG. 867 .- MEDIAN SAGITTAL SECTION THROUGH THE FREE PORTION, OR BODY, OF THE PENIS.

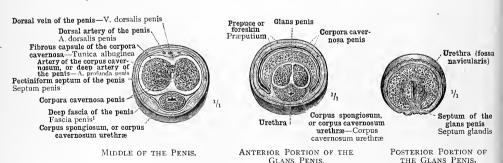


FIG. 868.—TRANSVERSE SECTIONS THROUGH THE PENIS.

¹ Pascia Penis.—This term, as used by the author, denotes not only the deep fascia of the fenis of English anatomists, which forms a sheath for the free portion or body of the penis, but also the fascial layer (structurally continuous with the deep fascia of the penis) which covers the root of the organ, and belongs to the penineum. This latter is usually known in England by the name of Colles's fascia. See Fig. 944, p. 350, and note ² on that page.—Tr.

ORGANA GENITALIA MULIEBRIA FEMALE REPRODUCTIVE ORGANS

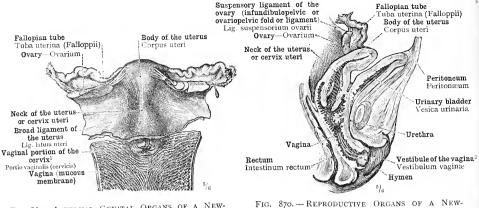


Fig. 869.—Internal Genital Organs of a Newborn, Powerfully-developed Female Infant. Seen from Behind.

The posterior wall of the vagina has been divided by a median longitudinal incision and the segments turned to the right and the left.

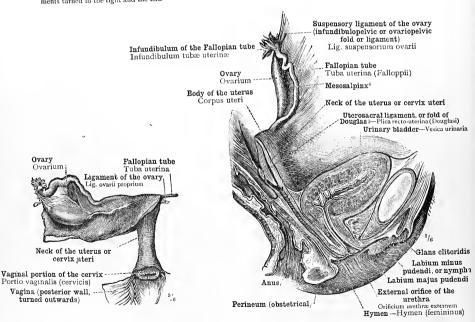


FIG. 871.—INTERNAL GENITAL ORGANS OF A GIRL AGED EIGHT YEARS. SEEN FROM BEHIND.

FIG. 872.—REPRODUCTIVE ORGANS OF A GIRL AGED TEN YEARS IN MEDIAN SAGITTAL SECTION. LEFT HALF.

BORN, POWERFULLY-DEVELOPED FEMALE INFANT IN MEDIAN SAGITTAL SECTION. LEFT HALF.

See Appendix, note 75.
See Appendix, note 99.
Shown also as the recto-uterine fold or ligament. It forms the lateral boundary of the pouch of Douglas, and must be distinguished from the rectoraginal ligament, which forms the floor of that pouch.—Tr.
4 See Appendix, note 29.

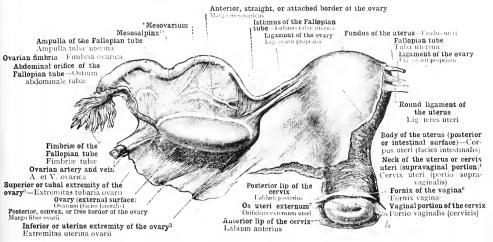


FIG. 873.—THE UTERUS, THE LEFT FALLOPIAN TUBE, AND THE LEFT OVARY, IN THEIR CONNEXION WITH THE BROAD LIGAMENT OF THE UTERUS, WHICH HAS BEEN FULLY UNFOLDED. SEEN FROM BEHIND. FROM A VIRGIN, AGED NINETEEN YEARS.

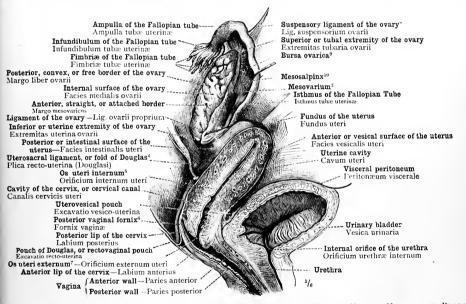


FIG. 874—INTERNAL GENITAL ORGANS OF A WOMAN AGED THERTY-FIVE YEARS UTERUS, VAGINA, AND BLADDER IN MEDIAN SAGITTAL SECTION. LEFT OVARY AND FALLOPIAN TUEE, BY THE DRAWING APART OF WHICH THE BURSA OVARICA HAS BEEN OPENED UP.

See Appendix, note 2^k.
 Known also as the infundibulepctric or ovariofetric fold or ligament.
 See Appendix, note 2^k.

9 See Appendix, note 75

See Appendix, note 75
 See Appendix note 76.
 Known also as the isthmus uterl, or isthmus of the uterine cavity, and sometimes as astmir uterl.
 See Appendix, note 75.
 See Appendix, note 76.
 See Appendix, note 76.

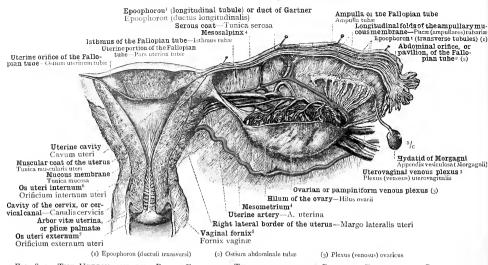


FIG. 875.—THE UTERUS AND THE RIGHT FALLOPIAN TUBE, OPENED FROM BEHIND. EPOOPHORON, PAROVARIUM, OR ORGAN OF ROSENMÜLLER.

The posterior layer of the broad ligament of the uterus has been removed. Fallopian tube Tuba uterina (Falloppii)-Mesosalpinx Serous membrane *Corpus albicans Tunica serosa Graafian follicle Folliculi oophori vesi culosi (Graafi) Mesovarium4 Mesometrium !

Fig. 876.—Ligamentum Latum Uteri, the Broad Liga-MENT OF THE UTERUS, WITH THE MESOVARIUM THE MESOSALPINX, THE OVARY, AND THE FALLOPIAN TUBE, IN TRANSVERSE SECTION.

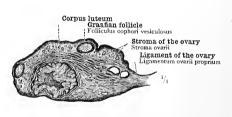


Fig. 877.—Longitudinal Section through THE OVARY.

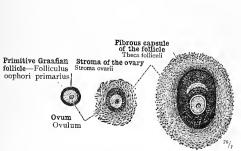


FIG. 878.—STAGES IN THE DEVELOPMENT OF THE PRIMITIVE GRAAFIAN FOLLICLES.

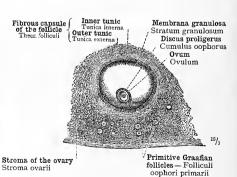


FIG. 879.—GRAAFIAN FOLLICLE, FOLLICULUS OOPHORUS VESICULOSUS, IN SECTION.

- ¹ The *eposphoron* is also known as the *parovarium*, or *organ of Rosenmüller*.

 3 See Appendix, note ⁸¹,
 5 See note ⁵ to p. 511.

 5 See Appendix, note of.
 - See Appendix, note 80.
 See Appendix, note 78.
 See Appendix, note 83.

Uterus-The uterus.-Tuba uterina-The Fallopian tube.-Ovarium-The ovary.

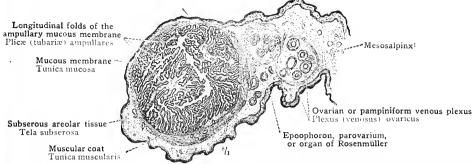


Fig. 880.—Ampulla Tuble Uterinle, the Ampulla of the Fallopian Tube, with the Adjoining Portion of the Mesosalpinn, and the Epoophoron, Parovarium, or Organ of Rosenmüller, in Transverse Section.

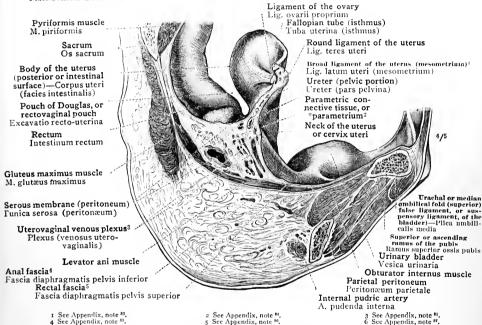


Fig. 881.—Sagittal Section through the Female Pelvis, 4 Centimetres (1.576 Inches) to the Right of the Median Plane. The Section passes through the Right Broad Ligament of the Uterus, and shows the Continuity of the Two Layers of this Ligament with the Parietal Peritoneum of the Floor of the Pelvis. *Parametrium, or Parametric Connective Tissue (see Appendix, note 84). Diaphragma Pelvis, the Pelvic Diaphragm (see Appendix, note 87), with its Superior and Inferior Fascial Layers, and Inferior to the Latter of these the Fatty Tissue of the Ischhorectal Fossa. From a Frozen Preparation.

The long axis of the uterus in this specimen is vertical, the organ being pathologically retroverted.

Tuba uterina—The Fallopian tube.—Ligamentum latum uteri—The broad ligament of the uterus.

*Parametrium—The parametric connective tissue.

65

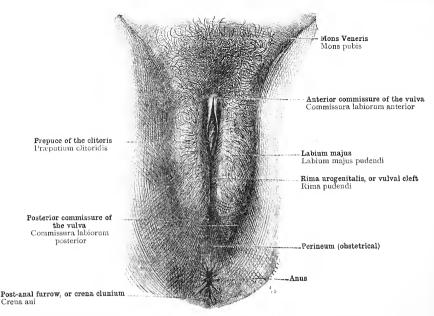
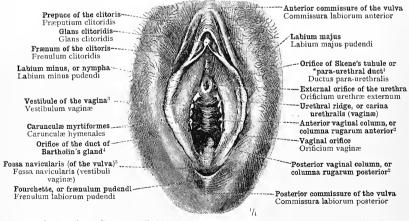


Fig. 882.—Pudendum Muliebre, the Female Pudendum, or Vulva, with the Labia Majora. Rima Urogenitalis, the Vulval Cleft. Female Perineum (Obstetrical Perineum). Mons Veneris, with the Pubic Hair.



r See Appendix, note 88. 2 Vaginal columns, anterior and posterior. These may be either single or double.—Tr.

3 See Appendix, note 89.

4 Glandula vestibularis major, known also as Duverney's gland and the suburethral gland. (See Appendix, note 66.)

5 See Appendix, note 97.

Fig. 883.—Vestibule of the Vagina (see note 3 above) with the Labia Minora or Nymphæ, the Vaginal and Urethral Orifices, and the Glans Clitoridis.

The labia majora have been drawn outwards, and the rima urogenitalis, or vulval cleft, has thus been widely opened.

Partes genitales externæ muliebres-The female external genital organs.

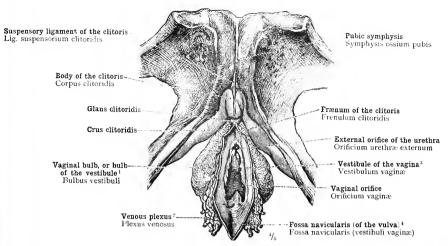


Fig. 884.—The Clitoris and the Vaginal Bulb of Bulb of the Vestibule, injected with Resin through the Veins, and fully exposed by Removal of the Labia Majora and Minora. Seen from Before and Below.

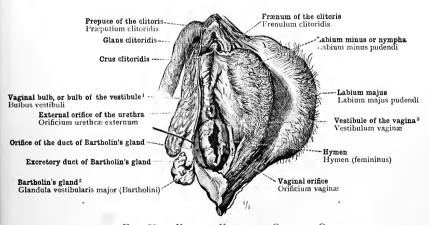


FIG. 885.—FEMALE EXTERNAL GENITAL ORGANS.

The mucous membrane has been removed from the right side of the vestibule³ and from the velvai area on the right side of the vaginal orifice, and the right labium majus and labium minus have been cut away, to show the relative positions of the crus clitoridis, the vaginal bulb¹ and Bartholin's gland.⁵ On the left side the labium majus and labium minus have been drawn outwards.

Partes genitales externæ-The female external genital organs.

See Appendix, note 9^t.
 See Appendix, note 9^t.
 See Appendix, note 9^t.
 Known also as Deverncy's gland or the subserthral gland. (See Appendix, note 6^t.)

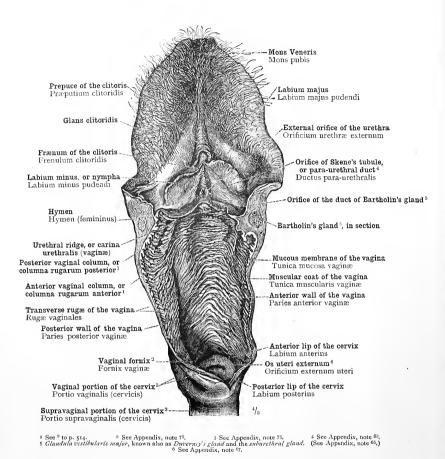


FIG. 886.—FEMALE EXTERNAL GENITAL ORGANS OF A VIRGIN, ATTACHED TO THE VAGINA, WHICH HAS BEEN ISOLATED AND OPENED, AND A PORTION OF THE CERVIX UTERI. HYMEN (FEMININUS). THE VAGINAL FORNIX (see Appendix, note 78), WITH THE ANTERIOR AND POSTERIOR LIPS OF THE CERVIX, AND THE OS UTERI EXTERNUM (see Appendix, note 67). THE VAGINAL COLUMNS, COLUMNÆ RUGARUM, AND THE TRANSVERSE RUGÆ OF THE VAGINA, RUGÆ VAGINALES.

The posterior wall of the vagina has been divided longitudinally throughout to the left of the median line, and has been turned to the right. Near the vestibule (see Appendix, note 89) the section passes through the left Bartholin's gland (see note 5 above).

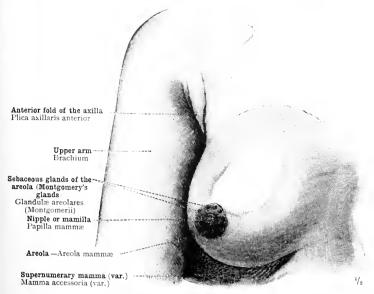


FIG. 887.—MAMMA, THE BREAST, OF A VIRGIN AGED EIGHTEEN YEARS.

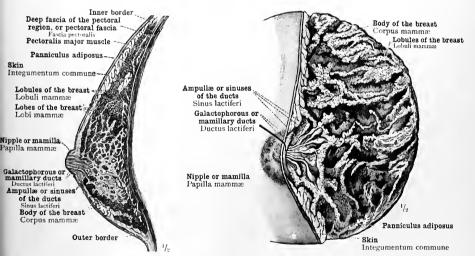


Fig. 888.—Horizontal Section through the Female Breast.

FIG. 889.—BREAST OF A NURSING MOTHER, HARDENED IN STRONG ALCOHOL; FROM ONE HALF OF THE ORGAN THE SKIN AND SUBCUTANEOUS FATTY TISSUE HAVE BEEN REMOVED, AND THE GALACTOPHOROUS OR MAMILLARY DUCTS WITH THEIR SINUSES HAVE BEEN LAID BARE.

Mamma-The breast.

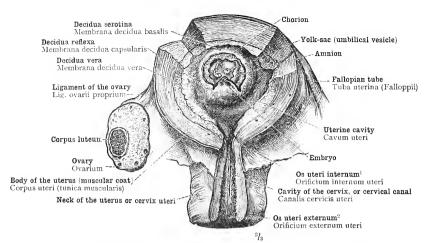


FIG. 890.—UTERUS IN THE FIFTH WEEK OF PREGNANCY, OPENED FROM BEHIND.

By the removal of parts of the membranes the cavity of the amnion has been opened.

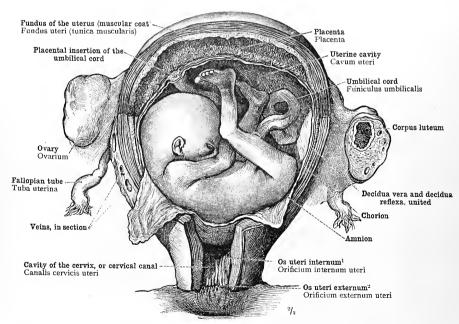


FIG. 891.—UTERUS IN THE SIXTH MONTH OF PREGNANCY (MONTHS OF FOUR WEEKS EACH), OPENED BY THE REMOVAL OF THE POSTERIOR WALL. THE FCETUS, WITH ITS MEMBRANES, AND THE PLACENTA, IN TRANSVERSE SECTION.

1 See note 5 to p. 511.
2 See Appendix, note 67.

Uterus gravidus-The gravid uterus.

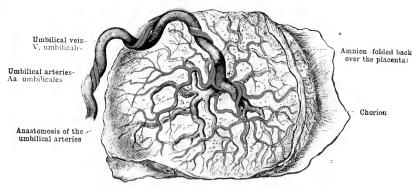


FIG. 892.—INTERNAL OR FIGERAL SURFACE OF THE PLACENTA AT FULL TERM.

The umbilical vessels have been injected.

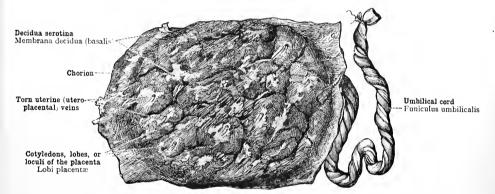
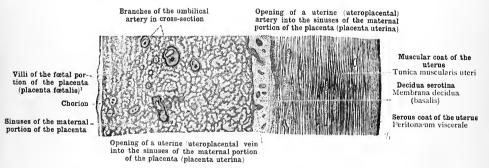


Fig. 893.—External, Maternal, or Uterine Surface of the Placenta at Full Term, with the Umbilical Cord (Funiculus Umbilicalis).



* These villi are known indifferently as fixtal villi and chorioni villi.

Fig. 894.—Uterus and Placenta in Transverse Section. Sixth Month of Pregnancy (Months of Four Weeks Each).

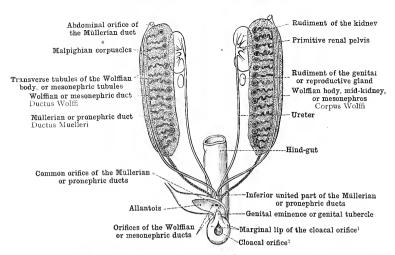


FIG. 895.—DIAGRAMMATIC REPRESENTATION OF THE PRIMITIVE UROGENITAL ORGANS OF THE EMBRYO PRIOR TO SEXUAL DIFFERENTIATION. THE WOLFFIAN BODY (MID-KIDNEY OR MESONEPHROS) WITH THE WOLFFIAN (MESONEPHRIC) AND MÜLLERILAN (PRODEPHRIC) UDUCTS.

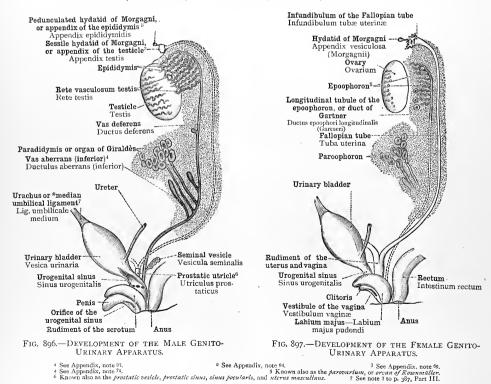
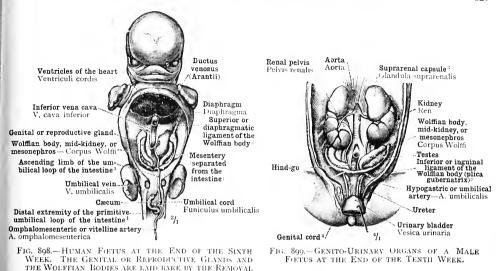


Diagram showing the Development from a Common Type of the Male and the Female Genito-Urinary Apparatus.



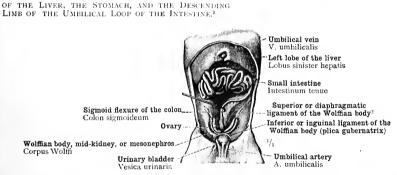
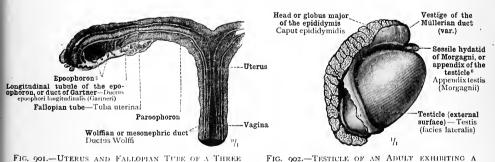


Fig. 900.—Abdominal Organs of a Female Feetus in the Middle of the Fourth Month (Months OF FOUR WEEKS EACH).



see note 1 to p. 451.

4 See Appendix, note %.

ice Appendix, note 95,

AND A HALF MONTHS FŒTUS (MONTHS OF FOUR

WEEKS EACH), WITH THE WOLFFIAN DUCT.

5 Known also as the parovarium or organ of Rosenmüller,

FIG. 902.—TESTICLE OF AN ADULT EXHIBITING A VESTIGE OF THE MÜLLERIAN DUCT.

Called also suprarenal body, or adrenal.
 See Appendix, note ^(t).

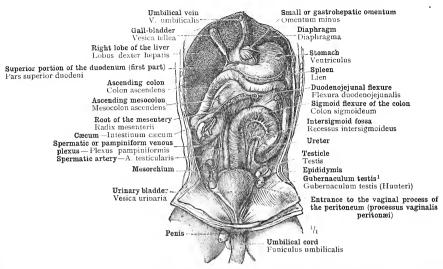


Fig. 903.—Aedominal Viscera of a Fœtus at the End of the Sixth Month (Months of Four Weeks Each), having a Body-Length of 28 Centimetres (11 Inches).

The small intestine has been cut away, and the liver drawn upwards as far as possible. The testicle and the epididymis are in the inguinal region.

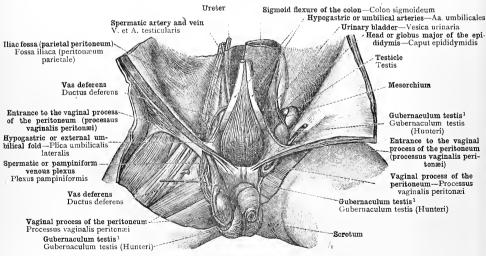


FIG. 904.—PELVIC REGION OF A FGETUS IN THE MIDDLE OF THE NINTH MONTH (MONTHS OF FOUR WEEKS EACH), HAVING A BODY-LENGTH OF 42 CENTIMETRES (164 INCHES).

The anterior abdominal wall has been opened. The right testicle has already descended into the scrotum, whilst the left is still above the entrance to the inguinal canal. On the right side the spermatic or pampiniform venous plexus, which lies behind the vagual process of the peritoneum, has been separated from this latter and drawn outwards,

See Appendix, note 95.

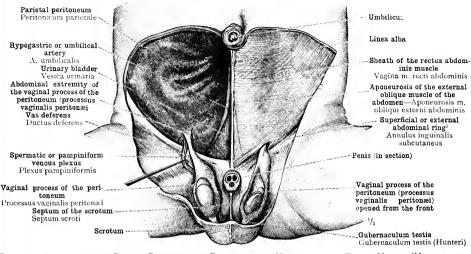


Fig. 905.—Aedominal and Pelvic Regions of a Fœtus in the Middle of the Tenth Month (Months of Four Weeks Each), having a Body-Length of 47 Centimetres (184 Inches).

Both testicles are in the scrotuni; the vaginal process of the peritoneum, processus vaginalis peritoneii, still communicates freely with the abdominal cavity. On the right side of the body, all the layers of the abdominal wall except the parietal peritoneum have been removed; on the left side of the body, the sheath of the rectus abdominis muscle and the aponeurosis of the external oblique muscle of the abdomen with the superficial or external abdominal ring (external inguinal aperture) are displayed. The left vaginal process of the peritoneum has been opened by an incision through its anterior wall.

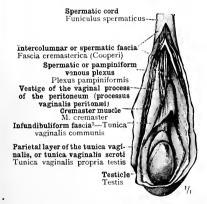


Fig. 906.—The Spermatic Cord of a Boy aged Two Months.

The coverings of the cord and the testicle have been divided to expose these structures. A scrous pouch, he vestige of the vagional process of the peritoneum (processus vaginalis peritoneum), runs up along the cord for more than half an inch.

1 Or external inguinal aperture.



Infundibuliform fascia²
Tunica vaginalis communis
Intercolumnar or spermatic fascia²
Fascia cremasterica (Cooperi)

Vaginal process of the peritoneum Processus vaginalis peritonæi



Infundibuliform fascia² Tunica vaginalis communis

Spermatic or pampiniform venous plexus Plexus pampiniformis

Cremaster muscle M. cremaster



Vestige of the vaginal process of the peritoneum (processus vaginalis peritonæi)

Infundibuliform fascia²
Tunica vaginalis communis
Intercolumnar or spermatic fascia²
Fascia cremasterica (Cooperi)

FIG. 907.—DIAGRAMMATIC SECTIONS OF THE SPER-MATIC CORD SHOWING THE CLOSURE OF THE VAGINAL PROCESS OF THE PERITONEUM (PRO-CESSUS VAGINALIS PERITONÆI).

² See Appendix, note 68,

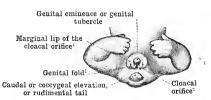


Fig. 908.—External Genital Organs of a Fætus in the Seventh Week.

The urinary and genital canals unite distally with the alimentary canal to form a common cavity, the cloaca, by which they communicate with the exterior.

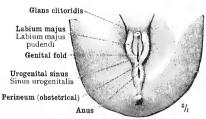


FIG. 910.—EXTERNAL GENITAL ORGANS OF A FEMALE FORUS IN THE MIDDLE OF THE THIRD MONTH (MONTHS OF FOUR WEEKS EACH), HAVING A BODY-LENGTH OF 56 CENTIMETRES (2) INCHES).

The separation of the anus from the urogenital sinus is completed.

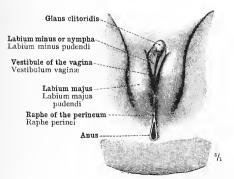


FIG. 912.—EXTERNAL GENITAL ORGANS OF A FEMALE FŒTUS AT THE END OF THE FIFTH MONTH (MONTHS OF FOUR WEEKS EACH), HAVING A BODY-LENGTH OF 115 CENTIMETRES (4½ INCHES).

¹ See Appendix, note 93,

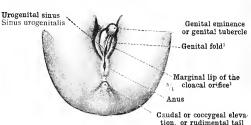


FIG. 909.—EXTERNAL GENITAL ORGANS OF A HUMAN FŒTUS IN THE BEGINNING OF THE THIRD MONTH (MONTHS OF FOUR WEEKS EACH), HAVING A BODY-LENGTH OF 4'5 CENTIMETRES (13 INCHES).

The division of the cloaca into a dorsal or anal and a ventral or urogenital part (progenital sinus) has begun,

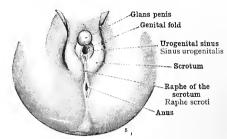


FIG. 911.—EXTERNAL GENITAL ORGANS OF A MALE FGETUS IN THE BEGINNING OF THE FOURTH MONTH (MONTHS OF FOUR WEERS EACH), HAVING A BODY-LENGTH OF 8'1 CENTIMETRES (3\frac{1}{2}\) INCHES). UNION OF THE GENITAL FOLDS TO FORM THE URETHRA.\frac{1}{2}\)

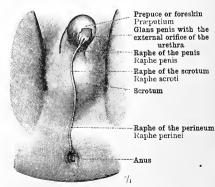


FIG. 913.—EXTERNAL GENITAL ORGANS OF A MALE FETUS AT THE END OF THE FIFTH MONTH (MONTHS OF FOUR WEEKS EACH), HAVING A BODY-LENGTH OF 12 CENTIMETRES (43 INCHES).

2 See Appendix, note 94.

THE MUSCLES OF THE PERINEUM

AND

THE TOPOGRAPHICAL ANATOMY OF THE PELVIC VISCERA

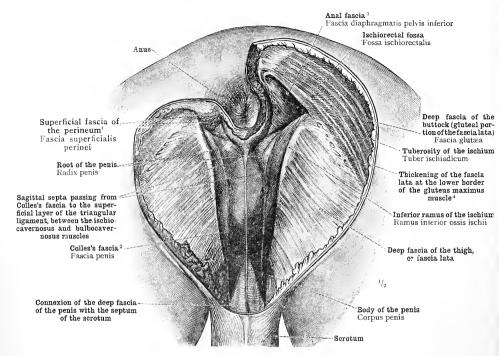


Fig. 914.—The Superficial Layers of the Perineal Region of the Male.

On the right side of the body, the skin and the superficial fascia¹ having been removed as far back as the posterior limit of the perineal region, the fat has been cleared out of the ischiorectal fossa, and the anal fascia covering the inferior surface of the levator ani muscle (fascia diaphragmatis pelvis inferior—see Appendix, notes 85 and 106) has been laid bare. On the left side of the body, in the posterior part of the perineal region, the skin and the superficial fascia have not been entirely removed, and the fat occupying the ischiorectal fossa has been left undisturbed.

The Posterior Part of the Deep Fascia of the Penis, or Colles's Fascia,² and its Connexions with the Perimysium of the External or Superficial Sphincter of the Anus and with the Septum of the Scrotum. The Parts of the Deep Fascia of the Thigh (Fascia Lata) adjoining the Perineum, including the Lower Part of the Deep Fascia of the Buttock or Gluteal Portion of the Fascia Lata.⁴

¹ Sometimes distinguished in England as the superficial layer of the superficial fascia, Colle's fascia being then called the deep layer of the same. The former is, however, the true superficial fascia, and is continuous with the dartos layer of the scrotum.—Tr. 2° Colle's Fascia.—This is the posterior part of what is called by the author fascia fents (see note ¹ to \$p. 508). Though in fact continuous with the deep fascia of the penis and ser tum, this fascia is in the anterior half of the perineal region (for it does not extend into the posterior half of the region), always distinguished by English anatomists by a separate name. It is usually, and most suitably, known as Colle's fascia, but is sometimes called the deep layer of the superficial fascia (see note ¹ above), and sometimes the deep perinar' fascia. The last name should be avoided, since it is liable to cause confusion, having been applied also to the triangular ligament of the weethra.—Th.

agained of the uterial.—18.

3 See Appen'ix, note 85,

4 The deep fascia of the buttock or gluteal portion of the fascia lata (the fascia glutae of the author) is thick and white where it overlies the gluteus in due in front of the gluteus maximus muscle, representing here an obsolete anterior portion of the latter muscle. At the upper border of the gluteus maximus, it divides into two thin layers to enclose that muscle; and when these reunite at the lower border there is again a thickening, a dense band of transverse fibres heign formed. This is perforate all title external to the tuberosity of the ischium, by the inferior or long pudendal branch of the small sciatic nerve; and further out, b" the ascending or recurrent gluteal cutaneous branches of the same nerve.—The

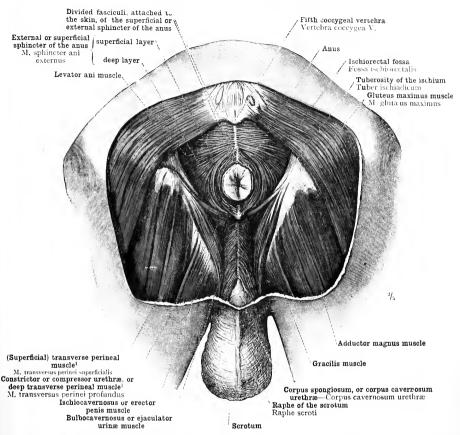


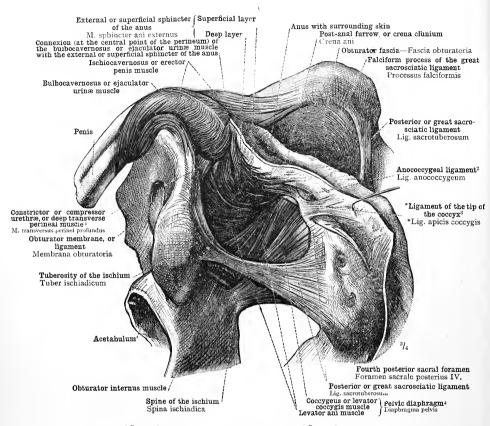
Fig. 915.—The Muscles of the Perineal Region of the Male seen from Below and Behind: Levator Ani Muscle; Musculus Sphincter Ani Externus, the External or Superficial Sphincter of the Anus; Bulbocavernosus or Ejaculator Urinæ Muscle; Ischiocavernosus or Erector Penis Muscle; Musculus Transversus Perinei Superficialis, the (Superficial) Transverse Perineal Muscle! Musculus Transversus Perinei Profundus, the Constrictor or Compressor Urethræ, or Deep Transverse Perineal Muscle! The Adjoining Portions of the Gluteus Maximus, Adductor Magnus, and Gracilis Muscles.

Behind the anus, certain fasciculi of the superficial or external sphincter of the anus, attached to the skin and the anococcygeal ligament, have been divided in removing the skin and the ligament; in front of the anus, the fasciculi of the sphincter attached to the integument close to the median line have been left intact with the part of the superficial fascia in which they are inserted (the central point of the perineum of 1 nglish anatomists).

¹ Toldt calls the constrictor or compressor methra mustle of English anatomists the transversus perinei profundus (the deep transverse perineal muscle), in contradistinction to the transversus perinei unperficialit or superficial transversus perinei muscle. In England, however, the latter muscle is commonly spoken of as the transversus per not must without qualification; whilst the hindmost, transversus filters of the constrictor or compressor methra: are occasionally distinguished as the transversus perinei profundus muscle.—The

musc.e.—18.

2. Ligamentum ann acygeum the annous yeard ligament, is a firm hand of areolar tissue stretching in the median line from the tip of the occycx to the skin of the hinder angle of the annus. It gives origin on each side to the fibres of the superficial or external sphincter of the annus.—178.



! See note! to p. 527.

3 Ligamentum Apicis Coccygis.—"From the tip of the coccyx," writes Quain ("Anatomy," noth ed., vol. ii., part ii., p. 178), "a fibrous band passes to the integument, which is often, especially in the infant, marked by a depression (forceda coccygea) at this spot." This is the ligament shown in the accompanying figure, and called by Toldt the "ligament of the tip of the coccyx.—Tr.

4 See Appendix, note 87.

Fig. 916.—The Muscles of the Perineal Region of the Male seen from the Left Side. Levator Ani, and Coccygeus or Levator Coccygis Muscles, forming the Pelvic Diaphragm.

The skin surrounding the anus, and covering the coccyx and the lower part of the sacrum, has been drawn away from the tissues beneath, in order to di-play the radiation to the skin of fasciculi of the external or superficial sphincter of the anus (musculus sphincter ani externus). A portion of the posterior or great sacrosciatic ligament has been removed, in order to display somewhat more fully the inferior surface of the coccygeus or levator coccygis muscle.

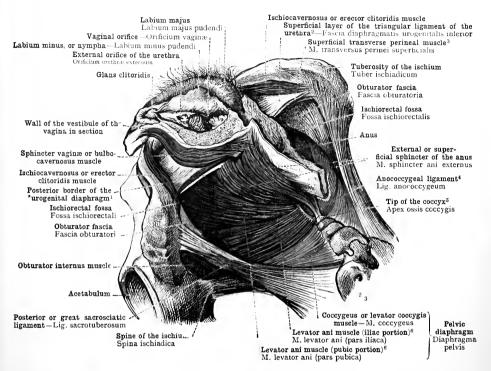


Fig. 917.—The Muscles of the Perineal Region of the Female seen from the Left SIDE. OF THE EXTERNAL GENITAL ORGANS, THE LABIUM MAJUS AND THE LABIUM MINUS OR NYMPHA HAVE BEEN REMOVED ON THE LEFT SIDE. LEVATOR ANI AND COCCYGEUS OR LEVATOR COCCYGIS MUSCLES, FORMING THE PELVIC DIAPHRAGM.

¹ That is, the connected posterior borders of the superficial and deep layers of the triangular ligament of the urethra (see Appendix,

note 99).—TR.

2 Known also as the anterior or inferior layer of the triangular ligament (see Appendix, note 99).

³ See note 1 to p. 527.

³ See note 3 to p. 527.
4 See note 3 to p. 527.
5 See note 3 to p. 527.
5 See note 5 to p. 527.
5 Apex Ossis Coccygis.—In the first part of this work (p. 32), I gave extremity of the coccyx, as the English equivalent of this Latin term. The coccyx, however, has two extremities, and for this reason the expression tip of the coccyx, which, though somewhat colloquial, is employed by most anatomists to designate the inferior extremity of the coccyx, is to be preferred. Macalistes, like Toldt, speaks of the apex of the coccyx, a term that would be more suitable if the coccyx were more distinctly triangular form.—The levator and muscle is divided into two parts by a cell the terminal part of the function control only is directly connected with the rectum; it is pringe from the pulse and a directly and the function of the func

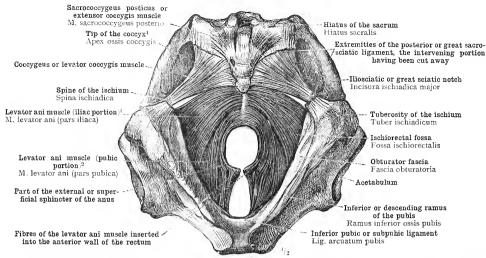


FIG. 918.—LEVATOR ANI AND COCCYGEUS OR LEVATOR COCCYGIS MUSCLES, SEEN FROM BELOW.

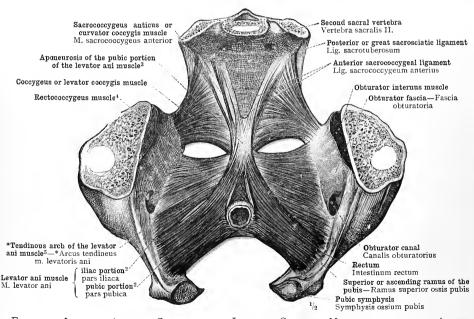


FIG. 919.—LEVATOR ANI AND COCCYGEUS OR LEVATOR COCCYGIS MUSCLES, SEEN FROM ABOVE.

After division of the pubic symphysis, the innominate bones have been drawn apart

E See note 5 to p. 529.

² See note ⁶ to p. 529. ⁴ See Appendix, note ⁹⁷. 3 Or aponeurosis of the pubococygeus muscle. See note 6 to p. 529.
5 See Appendix, note 98.

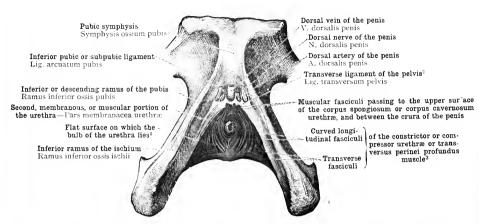


Fig. 920.—Constrictor or Compressor Urethræ or Transversus Perinei Profundus Muscle³ of the Male, forming the Muscular Part of the *Urogenital Diaphragm.¹ Seen from Before and Below.

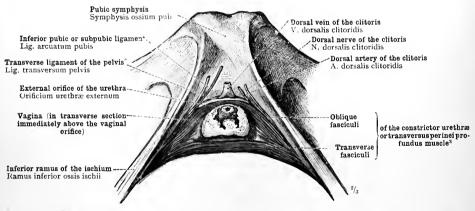


Fig. 921.—Constrictor Urethræ or Transversus Perinei Profundus Muscle³ of the Female, forming the Muscular Part of the *Urogenital Diaphragm.¹ Seen from Before and Below.

⁴ See Appendix, note 99.
2 See Appendix, note 100.
3 See Appendix, note 100.
4 The superficial layer of the triangular ligament, of course, intervening.—TR.

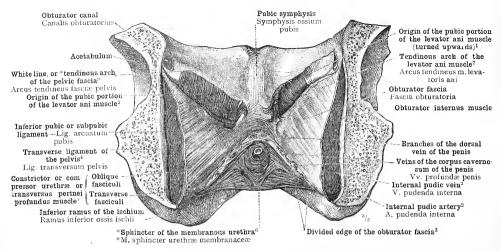


FIG. 922.—CONSTRICTOR OR COMPRESSOR URETHRÆ OR TRANSVERSUS PERINEI PROFUNDUS MUSCLE⁵ OF THE MALE, FORMING THE MUSCULAR PART OF THE *UROCENTIAL DIAPHRAGM.⁶ SEEN FROM BEHIND AND ABOVE. ORIGIN OF THE PUBIC PORTION OF THE LEVATOR ANI MUSCLE¹

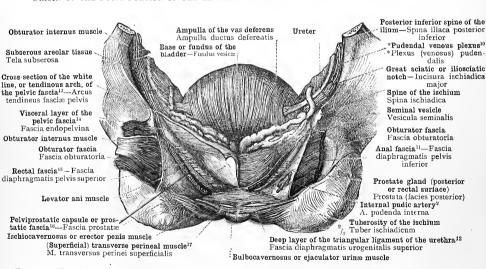


FIG. 923.—THE POSITION OF THE SEMINAL VESICLE AND OF THE AMPULLA OF THE VAS DEFERENS IN RELATION TO THE BASE OR FUNDUS OF THE BLADDER AND TO THE PROSTATE GLAND. FASCLE OF THE PELVIC OUTLET. SEEN FROM BEHIND,

The levator ani has been divided coronally. The pelviprostatic capsule or prostatic fasciate has on the right side been completely removed; on the left side, its upper part, extending over the seminal vesicle, has been detached from that organ, and turned backwards.

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        1 See note 6 to p. 529.
        2 See Appendix, note 102,
        3 See Appendix, note 103,
        4 See Appendix, note 105,
        5 See Appendix, note 104,
        7 See Appendix, note 105,
        8 See Appendix, note 59,

        9 See Appendix, note 105,
        10 See Appendix, note 105,
        10 See Appendix, note 105,
        10 See Appendix, note 30,
        15 See Appendix, note 30,
        15 See Appendix, note 30,
        16 See Appendix, note 74,

        13 See Appendix, note 50,
        14 See Appendix, note 50,
        15 See Appendix, note 50,
        16 See Appendix, note 50,
        16 See Appendix, note 74,
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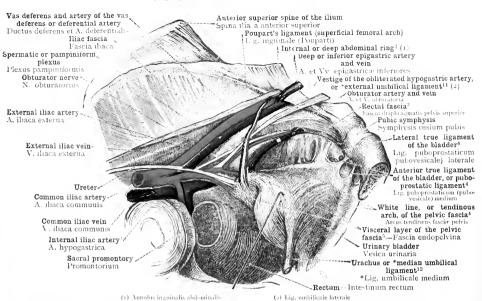


FIG. 924 — FASCIA ENDOPELVINA, THE VISCERAL LAYER OF THE PELVIC FASCIA (see Appendix, note 106), WITH THE ARCUS TENDINEUS FASCLE PELVIS, THE WHITE LINE OR TENDINOUS ARCH OF THE PELVIC FASCIA (see Appendix, note 30). THE POSITION OF THE VESSELS AND NERVES AT THE UTPER PART OF THE LATERAL WALL OF THE PELVIS. SEEN OBLIQUELY FROM ABOVE AND WITHIN.

The urinary bladder has been drawn away from the wall of the pelvis as far as possible in a backward and downward direction.

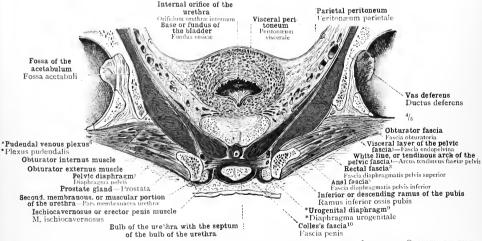


Fig. 925.—Coronal Section through the Male Pelvis in the Plane of the Internal Orifice of the URETHRA. FASCIA ENDOPELVINA, THE VISCERAL LAVER OF THE PELVIC FASCIA (see Appendix, note 106); FASCIA DIAPHRAGMATIS PELVIS SUPERIOR, THE RECTAL FASCIA (see Appendix, motes 18, 189); AND THE UPPER PART OF THE OFTHE OFTHE OFTHE PELVIC FASCIA. SEEN FROM BEFORF.

The urinary bladder is in a state of almost complete contraction.

- 3 See Appendix, note; 26, 87, 106, 6 See Appendix, note 105, 2 See Appendix, note 99, 12 See note 3 to p. 387 in Part 111, 2 Called also the internal inquinal aperture. iee Appendix, note 1:7.
- See Appendix, note **6.
 See Appendix, note **6.
 See Appendix note **85, 87.
 See note 4 to p. 387 in Part III. 4 See Appendix, note %.
 7 See Appendix, note >7.

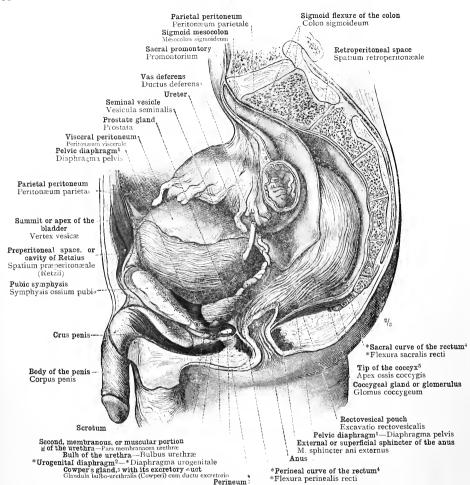


Fig. 926.—Position of the Pelvic Viscera in the Male and their Relations to the Muscles of the Pelvic Outlet (or Perineal Muscles), shown in the Right Half of the Pelvis, seen from the Left Side.

The urinary bladder is fully distended, the rectum nearly empty.

1 See Appendix, note \$7.

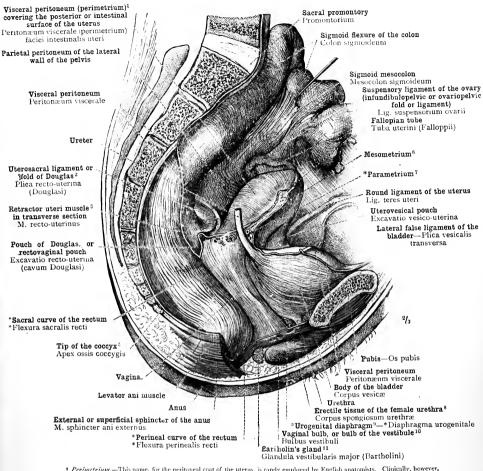
2 See Appendix, note \$9.

3 Known also as the suburcthral gland.

4 "Curves of the Rectum —"The rectum follows the posterior wall of the pelvis, in a curve the concavity of which is directed forward, as far as the t p of the cocyx, and thence, still continuing the same curve, runs forwards along the upper surface of the posterior part of the pelvic diaphragm; then, bending downwards and a little backwards as understanding the same curve is a larger, with the concavity directed forwards. Rectura sacratis; and a smaller, with the concavity directed forwards, Rectura sacratis; and a smaller, with the concavity directed backwards, Rectura perinadis" (You Langer and Toldis" "Anothory," pt hed, pp. 446, 447). In choosing English equivalents for these terms (which are not to be found in the works of Quain and Macalister). I have preferred to speak of the sacrad and perinada curves of the rectum, for the reason that the former, at any rate, is too prolonged and too open a bend to be appropriately termed a flexure.—Tr.

5 See note 5 to p. 520.

Topographical Anatomy of the Pelvic Viscera.



**Perimetrium.—This name, for the peritoneal coat of the uterus, is rarely employed by English anatomists. Clinically, however, the derivative term perimetrities is in frequent use.—Th.

2 Known also as the rectionate in fold or ligement. See note 3 to p. 510.

3 Quain mentions the presence in the falls of Douglas of some non-striped muscular fibres, but leaves them unnamed. Macalister, however, calls them the retractors atter;—A See Appendix, note 4. See Appendix, note 50 p. 520.

5 See Appendix, note 50 p. 520.

6 See Appendix, note 50 p. 520.

15 See Appendix, note 50 p. 520.

16 See Appendix, note 50 p. 520.

17 See Appendix, note 50 p. 520.

18 See Appendix, note 50 p. 520.

19 See Appendix, note 50 p. 520.

10 See Appendix, note 50 p. 520.

10 See Appendix, note 50 p. 520.

10 See Appendix, note 50 p. 520.

11 See Appendix, note 50 p. 520.

12 See Appendix, note 50 p. 520.

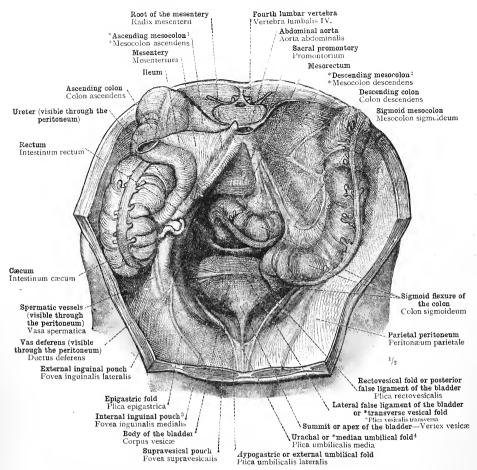
13 See Appendix, note 50 p. 520.

14 See Appendix, note 50 p. 520.

Fig. 927.—Position of the Pelvic Viscera in the Female, and their Relations to the MUSCLES OF THE PELVIC OUTLET (OR PERINEAL MUSCLES), SHOWN IN THE LEFT HALF OF THE PELVIS, SEEN FROM THE RIGHT SIDE. THE *PARAMETRIUM (see Appendix, note 84).

The urinary bladder and the rectum are nearly empty. The sigmoid flexure of the colon has been drawn up out of Douglas's pouch, and the right broad ligament of the uterus, the right Fallopian tube, the right ovary, and the right round ligament of the uterus, have been cut away together by a sagittal section passing close to the body of the uterus. The connexion of the two layers of the broad ligament of the uterus with the parietal peritoneum of the floor of the pelvis is seen, also the reflection of the visceral peritoneum covering the uterus (perimetrium-see note above) on to the wall of the bladder in front and the wall of the rectum behind.

Topographical Anatomy of the Pelvic Viscera.



See Appendix, note 39.
3 See Appendix, note 39.
3 See Note I to p. 453.
3 Is young authorities the space between the urachal fold and the hypogastric fold (called here supravesical pouch) is named the internal inguinal fouch; and the space between the hypogastric fold and the optigative fold (called here internal inguinal fouch) is named the middle inguinal fouch. The author's nomenclature is to be preferred. The
4 Often called the suprarior false ligament of the bladder; and sometimes the suspensory ligament of the bladder.

FIG. 928.—VIEW FROM ABOVE AND BEFORE OF THE PELVIC VISCERA OF THE MALE IN SITU AND COVERED BY THE PERITONEUM: THE BODY AND THE SUMMIT OR APEX OF THE BLADDER AND THE UPPERMOST PORTION OF THE RECTUM. THE POSITION OF THE CÆCUM AND OF THE SIGMOID FLEXURE OF THE COLON. THE RELATIONS OF THE PERITONEUM IN THE PELVIC CAVITY AND ON THE ADJOINING PORTION OF THE ANTERIOR WALL OF THE ABDOMEN: PLICA UMBILICALIS MEDIA, THE URACHAL OR *MEDIAN UMBILICAL FOLD (see note 4 above); PLICA UMBILICALIS LATERALIS, THE HYPOGASTRIC OR *EXTERNAL UMBILICAL FOLD; PLICA VESICALIS TRANSVERSA, THE LATERAL FALSE LIGAMENT OF THE BLADDER OR *TRANSVERSE VESICAL FOLD; PLICA RECTOVESICALIS, THE RECTOVESICAL FOLD OR POSTERIOR FALSE LIGAMENT OF THE BLADDER. THROUGH THE PERITONEUM, THE FOLLOWING STRUCTURES ARE VISIBLE: THE EPIGASTRIC ARTERY, THE URETER, THE VAS DEFERENS, AND THE SPERMATIC VESSELS.

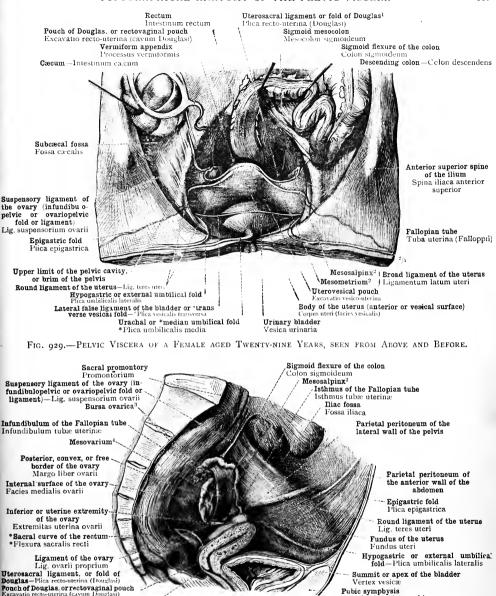


FIG. 930.—POSITION OF THE OVARY IN RELATION TO THE LATERAL WALL OF THE PELVIS.

The Fallopian tube has been drawn upwards, and the cavity of the bursa ovaries (see Appendix, note 29) has thus been obliterated.

Posterior fornix of the vagina"

Fornix vagina:

Known also as the rectacterine fold or ligament. See note 3 to p. 510.
 See Appendix, note 82.
 See Appendix, note 82.
 See Appendix, note 82.
 Often called the superior false ligament of the bladder, and sometimes the suspensory ligament of the bladder.

Symphysis ossium pubis

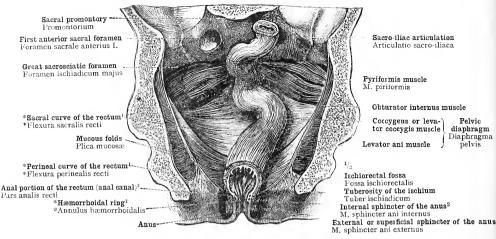


Fig. 931.—Position and Form of the Empty and Contracted Rectum as seen in a Coronal Section through the Pelvis of a Frozen Body. Seen from Before.

The inferior extremity of the rectum is opened by a section passing obliquely downwards and backwards. After removing the peritoneum and the great vessels, the muscles of the pelvis have been exposed.

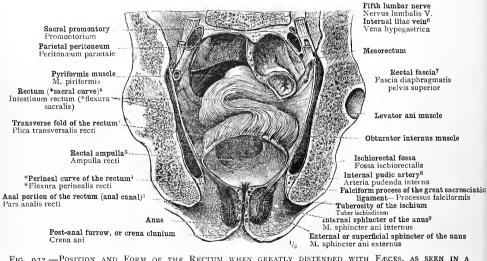


Fig. 932.—Position and Form of the Rectum when greatly distended with Fæces, as seen in a Coronal Section through the Pelvis of a Frozen Body. Seen from Before.

In the region of the first and second sacral vertebræ, the peritoneum, and the mesorectum have been left intact; in the lower part of the pelvis, the pelvie fascia is laid bare. The inferior extremity of the rectum has been opened as in the previous figure.

Form and Position of the Rectum.

² S e note 4 to p. 534. 5 See Appendix, note 109. 8 See Appendix, note 110.

² Known also as the deep or circular sphincter of the anus.

³ See Appendix, note ¹²,

⁴ See note ⁴ to p. 534.

⁵ See Appendix, notes ⁵⁶, ⁸⁷, and ¹⁰⁶,

⁹ Known also as the deep or circular sphincter of the anus.

APPENDIX TO PART IV.

NOTES BY TRANSLATOR

Lingual Duct (Fig. 6,5, p. 420).—According to His, the foramen caccum indicates the position of the epithelial outgrowth from which the middle portion of the thyroid body has been formed. As in course of development the thyroid body becomes more remate from the tongue, a long, slender tube, onnecting it with that organ, persists, the thyrogiossal duct or unbiracheal tube. The upper part of this tube may remain pervious as a canal leading from the foramen caccum towards the hyoid bone. This is known as the lingual duct. (His, "Der Tractus Thyroglossus und seine Beziehungen zum Zungenbein," Archiv. fur Anatomie, 1891. But see also Kanthack's views in his article on "The Thyreoglossal Duct," Journal of Anatomy and Physiology, 1801.)

² Periglottis (Fig. 075, p. 420).—This somewhat inappropriate name is given by Macalister to the structure shown in the figure, a tough, elastic, areolar and fatty mass, which intervenes between the front of the epiglottis and the back of the thyrohyoid membrane. It was at one time, but erroneously, called the epiglottic gland. The middle portion of the upper border of the periglottis is elastic, and constitutes the hyo epiglottic ligament. Still higher, a median sagittally placed fold attaches it to the base of the tongue, and it is the mucous membrane covering this fold that forms the median glosso epiglottic fold, or frantm epiglottidis. (See Fig. 673, p. 415,)

3 Sublingual Ducts (Fig. 687, p. 424) .- I have preferred in the text the names of greater sublingual duct and lesser sub lingual ducts for the excretory ducts of the sublingual gland, for the reason that the other names used by English anatomists to denote these structures are applied in a somewhat conflicting manner. Quain terms the lesser ducts, six to twenty in number, the ducts of Rivinus. They open separately in a row along the sublingual fold; the foremost of their number, however, usually terminates in the duct of Wharton. The long slender duct (proceeding, according to Toldt, from the anterior lobe of the gland) which runs parallel with the duct of Wharton, called in the text greater sublingual duet, may join the duct of Wharton near its anterior extremity, but more commonly has an independent orifice beside that duct on the submaxillary papilla. To this duct Quain gives the name of duct of Bartholin. Macalister, on the other hand, calls the lesser ducts the ducts of Walther, and to the greater duct (which he describes as proceeding from the posterior lobe of the sublingual gland, and therefore nearly an inch in length) he gives the name of duct of Rivini. Macalister's authority notwithstanding, this duct is far more often spoken of as the duct of Bartholin.

*Note on the Anatomy of the Lateral Wall of the Naso fharmy (Fig. 700, p. 436)..." The pharyngeal orifice of the Eustachian tube is bounded in front by a small fold passing to the soft palate, the salpingopalatine fold; and below the orifice of the tube is to be seen a more or less prominent swelling over the fibres of the levator palati muscle, the so-called levator prominene [or levator cushion, according to Quain]. From the lower end of the cushion of the Eustachian orifice which bounds that orifice above and behind] a vertical fold of mucous membrane, the salpingopharyngeal fold, extends downwards, and is lost below in the lateral wall of the pharynx" (Von Langer and Toldt's "Anatomy,") p. 301).

"The posterior extremity of the outer wall of the nasal fossæ consists of a shallow vertical furrow, the posterior nasal sulcus, immediately behind the posterior extremities of the middle and inferior turbinate bones. This is situated over the hinder part of the vertical plate of the palate bone and the internal pterygoid plate, and represents the nasopharyngeal meatus of lower mammals" (op. cit., p. 297). "The part of the inferior meatus which lies behind the incisor canal, together with the space immediately behind the posterior end of the superior and middle turbinals as far back as the orifice of the Eustachian tube, belongs to the primitive buccal cavity of the fœtus, having become separated from the permanent mouth by the growth of the palate. It is known as the nasopharyngeal part (ductus nasopharyngeus), and its mucous membrane is marked off behind from that of the pharvnx by a prominence which is termed the nasopharyngeal fold" (Quain's "Anatomy," roth ed., vol. iii., part iii., p. 138).

⁴ (Fig. 711, p. 438.) "Two lateral bands (ligaments of Helvetius), mostly of connective tissue, but containing a few muscular fibres belonging to the longitudinal layer, produce the sacculation of the antrum pylori" (Macalister's

"Anatomy," pp. 396, 397).

* *Superior and *Injerior Flexure of the Duodenum (Ibid.).

—These flexures are not named by Quain or Macalister. The superior flexure is between the superior and the descending portion of the duodenum; and the injerior flexure is between the descending and the transverse portion of the duodenum. (See note 'below.)

⁷ (Ibid.) The duodenum was formerly described as consisting of three portions: first, or superior; second, or middle; and third, or inferior. The first two parts of the old description are now usually called superior and descending portions, respectively; while the third or inferior part of the old description has been divided into two, called respectively transverse and ascending portions.

¹ (Fig. 712, p. 438.) Though the author uses the term valvula pylori, there is at the pylorus no valve, properly so called, and I have therefore avoided using that term in the

translation.

• Diverticulum Duodenale (Valeri) (Figs. 718, 719, p. 440).

—This so-called diverticulum is a sac-like dilatation of the extremity of the united common bile-duct and pancreatic duct, or duct of Wirsung, as it passes obliquely through the duodenal wall. The dilatation is so frequently met with that it can hardly be regarded as pathological. The vertical fold covering the diverticulum is called by Macalister caruncula major, and the smaller vertical fold beneath the orifice of the diverticulum, franulum carunculae. See Macalister, op. cit., pp. 402 and 412, and Quain, op. cit., vol. iii., part iv., p. 142.

¹⁰ (Fig. 719, p. 440.) The author regards the folds in the duodenal diverticulum as valvular in nature, their function being to prevent the entrance of intestinal secretions into the

common bile-duct and the pancreatic duct.

¹¹ Plica Transversalis Recti (Fig. 736, p. 445).—"When the rectum is empty and contracted, it exhibits numerous folds, most of which are obliterated by distension. Several transverse or oblique folds are, however, of a more permanent character, and have been designated 'valves of the rectum'

(Houston) or 'plicæ recti.' One of these, usually the largest, is situated on the right side opposite the reflection of the peritoneum from the rectum to the bladder, and was named by Kohlrausch the plica transversalis recti. There are generally two other folds, both on the left side, one about an inch above, the other about the same distance below, the fold on the right side. From the position and projection of these folds they may more or less impede the introduction of instruments. The dilatation of the rectum between the anal canal and the lowest of these folds is called the rectal ampulla" (Quain, "Anatomy," 10th ed., vol. iii., part iv., pp. 115, 116). According to Von Langer and Toldt ("Anatomy," 7th ed., pp. 337, 338), the plica transversalis recti is on the right and anterior walls of the rectum, about 10 centimetres (4 inches) from the anus (in Fig. 736, 2 inches only). In its substance is the thickening of the circular muscular fibres of the rectum which is known as the sphincter ani tertius. According to these authors, Houston's valves are prominent only when the rectum is greatly distended, and are obliterated when the organ is quite empty and contracted.

12 The Columns of the Rectum, the *Sinuses of the Rectum, and the Hamorrhoidal Ring (Ibid.) .- "We have to mention a further peculiarity of the lower end of the rectum, one which marks the transition from the mucous membrane to the skin. There are in this region from five to eight longitudinally disposed elevations of the mucous membrane, the columna rectales of Morgagni, which widen as they approach the anus. Here their lower ends unite to form a ringed swelling, the annulus hemorrhoidalis, surrounding the gut; and the columns and the ring thus bound a number of depressions or pockets in the mucous membrane, the sinus rectales. This portion of the rectum, in the male about 2.6 centimetres (1 inch) in length, but somewhat shorter in the female, is known as the pars analis recti, or anal canal; while the actual external orifice is termed the anus" (Von Langer and Toldt, op. cit., p. 338).

¹³ (Fig. 737, p. 446.) Folds of peritoneum connecting a solid viscus with the abdominal wall are called *ligaments*; those passing from one viscus to another are called *omenta*; but the distinction is not always strictly maintained.

14 *Fibrous Appendix of the Liver (Figs. 737, 738, p. 446). -"Attached to the free extremity of the left lobe of the liver there is often a membranous appendix, appendix fibrosa hepatis, of variable size, from which the parenchyma of the liver has completely disappeared, only connective tissue and aberrant vessels remaining. The disappearance of the parenchymatous tissue in this region can perhaps be explained in the following manner: In the embryo the umbilical veins open into the left portal vein, so that the left lobe of the liver is directly supplied with arterial blood from the placenta, and is thus placed under more favourable nutritive conditions than the right lobe; but this advantage is lost with the cessation of the placental circulation. . . . After the disappearance of the parenchyma, however, the bile-ducts, and the branches of the portal vein and hepatic artery, persist, and all of these structures are included in the term vasa aberrantia hepotis" (Von Langer and Toldt's "Anatomy," 7th ed., p. 349). In rare cases there may be a small accessory liver in the situation of the fibrous appendix, connected with the left lobe by a fold of peritoneum and a leash of vessels. (See also note 17 below.)

15 *Ligament of the Ductus Venosus (Fig. 738, p. 446).—
This is a fine white cord, the vestige of the obliterated ductus venosus, lying in the fissure of the ductus venosus (the posterior portion of the longitudinal fissure). It is not usually termed a ligament by English anatomists.

16 Lobes of the Liver (Ibid.).—The author enumerates four lobes only: lobus dexter, right lobe; lobus sinister, left lobe; lobus quadratus, quadrates (Spigeli), caudate lobe (of Spigelius): the ridge connecting the lobus dexter with the lobus quadratus (Spigeli), between the transverse or portal fissure (below), and the lower extremity of the fissure or fossa of the vena cava (above), he calls the processus candatus (see Fig. 740, p. 447). English anatomists enumerate five lobes: the right, the left, the quadrate, the Spigelian, and the candate; the three firstnamed being identical with those of the author; the Spigelian lobe corresponding with the author's lobus candatus (Spigeli), minus the processus candatus; and this latter being the candate lobe of English anatomists.

11 Ponticulus Hepatis (Ibid.).—The inferior vena cava lies in a deep groove on the posterior surface of the liver, the fissure or Jossa of the vena cava. Passing behind the vessel is a strand of fibrous tissue which forms a bridge connecting the right lobe with the Spigelian lobe. It is called by the author *ligamentum venæ cavæ, but is known in England as the ponticulus. Like the *fibrous appendix of the liver (see note 11 above), it is the remains of a rudimentary lobe, and contains aberrant vessels. Not very rarely it consists of perfectly formed hepatic tissue, so that the fissure of the vena

cava is converted into a canal.

¹⁸ (Fig. 747, p. 450.) The gastrosplenic omentum is connected below with the great omentum, and is often regarded as a part of it. With regard to the preference of the name of omentum for this structure over the name ligament, see Appendix, note ¹³ above.

The author enumerates three surfaces only: phrenic, renal, and gastric. By some anatomists (e.g., Cunningham) the blunt lower and outer end is regarded as a fourth surface, the basal. This surface lies against the tail of the pancreas, the splenic flexure of the colon, and the costocolic ligament (see note 41 below). In addition to the anterior and posterior borders, it is usual in England to speak of the ridge just internal to the hilum, which separates the gastric from the

renal surface, as the inner border.

20 Duodenal Folds and Fossæ (Fig. 757, p. 454).-Two folds of peritoneum usually pass to the left from the front of the ascending portion (fourth part) of the duodenum : one, the lower, with its free edge directed upwards, from the junction of the transverse with the ascending portion of the duodenum; the other, the higher, with its free edge directed downwards, from the duodenojejunal flexure. These are called by the author the duodenomesocolic and duodenojejunal folds, but it is perhaps better to use the names inferior and superior duodenal folds. Between these folds, to the right of the ascending portion of the duodenum, is a recess or fossa, called by the author recessus duodenojejunalis, the duodenojejunai fossa. The extension of this fossa behind the inferior fold is termed the interior duodenal tossa; the extension behind the superior fold the superior duodenal fossa. The folds and fossæ in this region are, however, somewhat variable in their disposition. (See Quain's "Anatomy," 10th ed., vol. iii., part iv., p. 326.)

²¹ Peritoneal Fossæ (Ibid.).—Some authors speak of all the peritoneal Jossæ as pouches—e.g., duodenojejunal pouch, subcæcal pouch. I have not thought it necessary to indicate

the alternative name in each individual instance.

²² Phrenohepatic Fossa (Fig. 758, p. 454).—" The phrenohepatic or diaphragmaticohepatic Jossa of the peritoneum is occasionally present on the abdominal surface of the diaphragm. It is an elongated pouch or sinus of varying

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dimensions, formed by the partial adhesion of the borders of the fibrous appendix of the liver [see note " above] and the left lateral ligament of the liver to the peritoueal investment of the diaphragm" (Von Lauger and Toldt's

"Anatomy," 7th ed., p. 366).

22 Heccacal Fossa (Fig. 760, p. 455).—These are two in number, superior and interior. The superior illeccacal Jossa (see Fig. 805, p. 475) is situated in the angle between the ileum and the commencement of the ascending colon; the interior illeccacal Jossa is behind and below the junction of the ileum and the cacum. It may extend upwards behind the ascending colon nearly as high as the right kidney and duodenum. Its mouth looks downwards and is bounded in front by the ileccacal told (bloodless Jold of Treves). In Fig. 760 a sound is passed into the mouth of this fossa, By some authors the superior ileccacal Jossa is termed the ileccalic Jossa, and in this case the inferior ileccacal Jossa is called the ileccacal Jossa without qualification

24 Cavum Mediastinale (Fig. 761, p. 456).-The author divides the mediastinal cavity into two portions only: cavum mediastinale anterius and cavum mediastinale posterius. English anatomists divide it into four portions: anterior mediastinum, middle mediastinum, posterior mediastinum, and superior mediastinum. The English posterior mediastinum is nearly identical with the author's cavum mediastinale posterius; while his cavum mediastinale anterius corresponds. with a slight variation, to the three others combined; the superior mediastinum being that portion of the cavity above a plane passing from the lower border of the body of the fourth dorsal vertebra to the superior sternal synchondrosis, and thus including the upper portions of both anterior and posterior divisions of the author; the auterior mediastinum being the portion of the cavity below the plane above mentioned and in front of the pericardium; and the middle mediastinum being the enlarged central portion of the cavity containing the pericardium with its contents, the roots of the lungs, and the bronchial lymphatic glands. (See also note 2 to p. 410.)

²⁵ (Fig. 765, p. 458.) The oblique line, connecting the superior and inferior tubercles of the thyroid cartilage, is regarded by the author as a variety. Though it varies greatly in prominence, and may be very indistinct, it is seldom entirely absent. Sometimes it is represented by a fibrous band, the oblique ligament, stretched between the tubercles. The oblique line or ligament serves for the insertion of the sternothyroid muscle and for the origin of the sternohyoid and

thyropharyngeus muscles.

26 Arytenoid Cartilage (Figs. 766 to 768, p. 458).-As several of the terms descriptive of the parts of this cartilage are used neither by Quain nor by Macalister, I quote the following passage from Von Langer and Toldt's "Anatomy," 7th ed., p. 318: "The cartilage consists of an elongated plate, narrowing above to a point, the apex, and presenting beneath a thickened, nearly triangular base. The anterior border is very sharp, and exhibits just above the middle a small blunt protuberance, the *colliculus, and at its lower extremity a forwardly directed process for the attachment of the posterior extremity of the vocal cord, hence called the vocal process. The concave articular surface of the base looks downwards, and exhibits a blunt muscular process directed outwards. inner surface is very narrow, and wider below, where it is continued on to the vocal process. The outer surface gives attachment to muscles: it presents two hollows, the upper of which, *fovea triangularis, is a rounded triangle, embraced by a semicircular lip, the *crista arcuata, which begins above in the colliculus; while the lower, a rounded rectangle, *fovea oblinga, runs along the base and on to the muscular process, and is separated above from the fovca triangularis by the crista arcuata."

21 **Corniculopharyngeal Ligament (Fig. 771, p. 459).—This is an elender strand of fibrous tissue which passes downwards and inwards on each side from the corniculum laryngis or cartilage of Santotini to the mucous membrane of the pharynx. Below these ligaments in the median plane is the *crico-pharyngeal ligament, a flattened band with surfaces laterally directed, attached by its anterior edge to the back of the cricoid cartilage, and by its posterior edge to the mucous membrane of the pharynx. These two ligaments are described neither by Quain nor by Macalister.

²⁸ (Fig. 770, p. 450.) The corniculo-arytenoid articulation is usually, as in this instance, a syndesmosis, but is occasionally a synovial joint.

29 (lbid.) This foramen, when present, transmits an

abnormal branch of the superior laryngeal artery.

30 *Conus Elasticus (Figs. 772, 773, p. 459).-As this term is not found in most English textbooks of anatomy, I quote the following description from Von Langer and Toldt's "Anatomy," pp. 320, 321: "The *membrana elastica trachea [the fibro-elastic membrane in which the tracheal cartilages are embedded] passes upwards into the larynx to form the *membrana elastica laryngis. First of all it sheathes the inner surface of the cricoid cartilage in its whole extent, but above this it becomes detached from the cartilaginous wall of the larvnx, and forms on each side a flat membrane, the only attachments of which to the cartilages are in front to the angle of union of the alæ of the thyroid cartilage, and behind to the vocal processes of the arytenoid cartilage. Thus, the *elastic membrane of the larynx exhibits two surfaces, converging from each side of the upper border of the cricoid cartilage upwards towards the median plane, and at the level of the vocal processes terminating in two parallel free borders. This arrangement of the elastic membrane is known as the *conus elasticus, and the somewhat thickened free borders are called *ligamenta vocalia [the inferior thyroarytenoid ligaments or ligaments of the true vocal cords]. At this level the *elastic membrane of the larvax terminates, being replaced above by a thin layer of areolar tissue. That portion of the *elastic cone which connects the upper border of the front of the cricoid cartilage with the lower border of the front of the thyroid cartilage is seen from the front as a triangular membrane filling in the gap between the two cartilages, and is called the middle cricothyroid ligament [middle portion of the cricothyroid membrane]." This description appears alike more intelligible and more accurate than that given in most English textbooks, which is to the effect that the vocal cord may be regarded as the upper free edge of the cricothyroid membrane.

The names used by Toldt—anterior, middle, and posterior laryngeal glands—are not commonly employed by English anatomists. The anterior glands, situate on the back of the epiglottis, I have called the post-epiglottic glands. The middle glands, most numerous above, where they form a prominence beneath the mucous membrane of the aryteno-epiglottic fold immediately behind the cartilage of Wrisberg, and a chain running thence downwards and forwards along the false vocal cord, may be best distinguished as the glands of the aryteno-epiglottic fold. The posterior glands form a mass behind the arytenoid cartilage and hencath the cartilage of Santorini, and may be called post-arytenoid glands. All these must be carefully distinguished from the so-called epiglottic gland between the anterior surface of the epiglottis, the lived bone.

and the root of the tongue, which is not a gland at all, but a mass of yellow fat and fibrons tissue. (See *periglottis* in

Fig. 675, p. 420, and note 2 above.)

³² Labium Vocale (Fig. 779, p. 461).—The true vocal cords, writes Quain ("Anatomy," roth ed., vol. iii., part iv., p. 155), "are situated at the inner and free edge of a mass of tissue triangular on coronal section [see Fig. 780]. One surface of this mass looks apwards, and forms the floor of the ventricle; another looks downwards and inwards, and bounds the lower division of the laryngeal cavity; while the third is external." This triangular mass constitutes the author's labium vocale, or, as it may be called, the *tip of the glottis, but the term is not current in England.

³³ Macula Flava, the Cartilage of Luschka (Fig. 781, p. 461).—"In the anterior part of the vocal cord, near its attachment to the thyroid cartilage, there is a circumscribed mass of dense elastic tissue containing numerons cells. This is visible through the intact macous membrane as a yellow spot (macula flava), of about the size of a poppy-seed" (Von Langer and Toldt's "Anatomy," 7th ed., p. 323). "A small nodule of elastic cartilage (cartilage of Luschka) is found in the anterior and inferior part of the vocal cord" (Quain's

"Anatomy," roth ed., vol. iii., part iii., p. 155).

34 Tunica Adventitia Pharyngis (Fig. 791, p. 466).-" The outermost layer of the wall of the pharynx consists of a thin stratum of connective tissue, the tunica adventitia pharyngis, which forms a fascial covering for the constrictor muscles of the pharynx, and may be regarded as a continuation of the bucco-pharyngeal fascia. It is of importance for the reason that the primary ramification of the vessels and nerves of the pharynx takes place in its substance. In the middle line behind it is connected with the raphe of the pharynx, and above with the fascia pharyngobasilaris [the pharyngeal aponeurosis of English authors; see pp. 432, 433, and 436] . . . which (with the mucous membrane) alone forms the uppermost portion of the posterior and lateral walls of the pharynx, the muscular coat being here deficient, as the superior constrictor of the pharynx does not extend up to the base of the skull" (Von Langer and Toldt, op. cit., p. 305). The outer fibrous coat of the pharynx thus separates the constrictor muscles from the prevertebral fascia. On either side it is attached to the sheath of the great vessels of the neck. It is most strongly developed behind and (above) at the sides, and this portion is called by Macalister the postpharyngeal fascia, which name I have given in the text as an alternative, the name adventitious coat of the pharynx not being used by English anatomists.

Seroncho. assophageus and Pleuro. assophageus Muscles (Fig. 790, p. 470).—"The longitudinal fibres of the esophageus are sometimes joined by a broad band of smooth muscle, passing from the left pleura, and sometimes also by another from the left bronchus. According to Cunningham, the former is almost constantly present, and the latter very frequently" (Quain's "Anatomy," roth ed., vol. iii, part

iv., p. 66).

³⁰⁶ Supplemental Pleural Spaces (Ibid.).—The use of the term sinus for those regions of the pleural cavity in which two portions of parietal pleura are in apposition appears inappropriate. Quain suggests the preferable name of supplemental or complemental pleural space. There are three such regions in which the pleural cavity is unoccupied by lung: the phrenocotal (shown in Fig. 799), between the chest wall and the diaphragm, below the inferior border of the lung; the pericardiosternal or costomediastinal (shown in Figs. 800 and 801, p. 471), between the anterior surface of the pericardium and the posterior surface of the sternum and

costal cartilages, internal to the anterior border of the lung, and more extensive on the left side than on the right; and the mediatinodiaphragmatic (Macalister) or pericardiophrenic, between the lower margin of the pericardium and the

liaphragm.

^{5r} (Ibid.) The crura or pillars of the diaphragm described by English anatomists are two only in number—a longer right crus and a shorter left crus. Each of these is composed of all the fibres passing from the right and left sides, respectively, of the bodies of the lumbar vertebræ and the intervertebral discs to the central tendon. Thus, the crus of English authors corresponds to the combined inner crus and intermediate crus of Toldt; while the outer crus of the latter is in England not considered to belong to the crural portions of the diaphragm.

38 Bulb of the Aorta (Fig. 800, p. 471).—This name is often given to the somewhat enlarged portion of the ascending aorta immediately above the aortic valve, which contains the three

sinuses of Valsalva.

39 Ascending Mesocolon (Fig. 805, p. 475).—Fig. 756, on p. 453, shows an abnormal condition of the large intestine in which the posterior layer of the ascending mesocolon has failed to become adherent to the parietal peritoneum, and the ascending colon, like the transverse colon, is freely movable. Normally, however, as shown in Fig. 805, this adhesion takes place, and a strip of the posterior surface of the ascending colon is connected by areolar tissue with the fascia covering the quadratus lumborum muscle, and with the front of the right kidney. To call the adherent layer of peritoneum internal to the ascending colon by the name of ascending mesocolon is contrary to English usage. See also note 1 to p. 453.)

**Gostrocolic Ligament (Fig. 806, p. 476).—This name is given by the author to that part of the great or gostrocolic omentum which connects the great curvature of the stomach

with the transverse colon.

41 Saccus Lienalis (Fig. 807, p. 477).—A fold of peritoneum, the costocolic or phrenocolic ligament, or pleurocolic fold, attached externally to the diaphragm opposite the tenth and eleventh ribs, passes horizontally inwards to the splenic flexure of the colon. It has a lunated free border directed forwards. It forms the lower boundary of a hollow containing the spleen; the basal surface of this organ (see note 13 above) resting upon the ligament as on a shelf (see also Fig. 813, p. 483. Hence this ligament, though not attached to the spleen, is sometimes called sustentaculum lienis, while the hollow above is called by the author saccus lienalis—the splenic pouch. This must be carefully distinguished from the *splenic lossa of the omental sac. See Fig. 809, p. 479, and note "below.

42 Parts of the Small Omentum (Ibid.) .- The small omentum consists of the following portions, enumerated in their position from left to right: (1) a thick portion (pars condensa omenti minoris), passing to the cardia; (2) a thin portion (pars flaccida omenti minoris), passing to the lesser curvature-these form the gastrohepatic omentum proper; (3) a thicker portion again, passing from the transverse or portal fissure of the liver to the pylorus and the first part of the duodenum, with a free border directed to the right, forming the anterior boundary of the foramen of Winslow, and containing between its layers the hepatic artery, portal vein, common bile-duct, and nerves and lymphatics of the liver (this portion of the small omentum is called by the author the hepatoduodenal ligament, but the term is not used by English anatomists). In the specimen shown in Fig. 807 the small omentum extends abnormally far to the left, to form a hepatocolic ligament or omentum.

"Superior Mediastinum (Fig. 809, p. 479).—The lower margin of the cut surface of the aorta in this figure is at the level of the plane separating the superior mediastinum of English authors from the three lower divisions of the mediastinal cavity. See note 2 to p. 410 and note 24 above.

44 Divisions of the Omental Sac (Ibid.) .- " The omental sac is attached to the posterior abdominal wall in the median line in front of the aorta by the root of the mesogastrium. Here also is the boundary of the principal part of the cavity and the orifice giving access from the right to its interior. The boundary is constituted by a fold of peritoneum, the pancreaticogastric fold, which extends from the superior border of the pancreas vertically upwards along the line of attachment of the mesogastrium to the cardia of the stomach; between the layers of this fold the coronary artery runs from the coeliac axis to the small curvature of the stomach. The pancreaticogastric fold forms the boundary between the principal part of the omental sac and the cavity situated behind the small omentum, and known as the vestibule of the omental sac. Regarding that portion of the omental sac which lies behind the stomach as the principal or middle portion of the cavity, we can distinguish three supplementary compartments: the largest of these extends downwards below the stomach between the two layers of the great omentum, and is called recessus inferior omentalis, the inferior tossa of the omental sac; the second lies behind the gastrosplenic omentum. and is bounded on the left by the hilum of the spleen-this is known as recessus lienalis, the splenic jossa of the omental sac; the third, finally, stretches upwards, close to the abdominal portion of the esophagus, and is termed recessus superior omentalis, the superior fossa of the omental sac" (Von Langer and Toldt's "Anatomy," p. 357). I have given this long extract because the omental sac is not adequately described in Quain's "Anatomy." Macalister, who treats the subject more fully and accurately, describes the omental pouch [sac] as "hour-glass-shaped," and terms the opening between the two sections, bounded behind by the pancreaticogastric fold, the mesomental opening. The part of the sac to the right of this opening, and between it and the foramen of Winslow, he calls the lesser omental sac, which comprises the combined superior fossa and vestibule of the omental sac of Toldt. The splenie fossa of the omental sac is to be carefully distinguished from the splenic pouch of the greater peritoneal cavity, the two being separated by the gastrosplenic omentum, See Fig. 807, p. 477, and note 41 above.

45 (Ibid.) The gastrasplenic omentum is connected below with the great omentum, and is often regarded as a part of it. The name "omentum" is to be preferred to "ligament" for

this structure (see note 13 above).

46 (Fig. 816, p. 486.) The sternal line is a vertical line traced on the front of the trunk passing over the sternoclavicular articulation.

⁴⁷ (Ibid.) The parasternal line is a vertical line traced on the front of the trunk midway between the sternal line and

the manuillary line.

" (Ibid.) The manillary line is a vertical line traced on the front of the trunk passing through the centre of the nipple or mamilla. "When the mammæ are pendulous, the mamillary line may be taken as corresponding to the perpendicular dropped from the middle of the clavicle" (Macalister).

6 (Fig. 818, p. 488.) The axillary line is a vertical line traced on the side of the trunk passing through the anterior fold of the axilla (Macalister), or through the summit of the axillary fossa (Toldt). It will be seen that the axillary line as defined by Macalister is a little behind the axillary line as

defined by Toldt. The latter line is, of course, the : ne shown in the figure.

50 Calices and Infundibula (Figs. 823 to 825, p. 491).-Quain writes: "The pelvis, within the sinus, divides usually into three, but sometimes only two, primary tubular divisions, and these at length end in a large number of short, truncated, but comparatively wide branches named calices or infundibula, which receive the papillæ into their wide mouths. . . . A single calix often surrounds two, sometimes even three, papillæ, which are in that case united together; hence the calices are in general not so numerous as the papillæ" ("Anatomy," 10th ed., vol. iii., part iv., p. 193). The author, it will be noticed, calls the primary divisions of the pelvis calvees majores; the secondary and terminal divisions, calvees minores. Macalister, whose usage I have followed, discriminates between infundibula and calices, applying the former name to the primary, the latter to the secondary divisions of the pelvis. Toldt and Macalister alike state that there is a calix for each papilla; but Quain's description is the more accurate. The calices usually number from eight to twelve, the papillæ from twelve to twenty.

if Area Cribrosa (Fig. 827, p. 492).—" At the summit of each pyramid the ductus papillares—the uriniferous or excretory tubules, or ducts of Bellini—five to fifteen in number, open by as many separate orifices. The area of the papilla containing these orifices (foramina papillaria), which are almost distinguishable by the naked eye, is known as the *orea cribrosa" (Von Langer and Toldt's "Anatomy," roth ed., p. 370). A number of the orifices are often aggregated at the bottom of a slight depression near the summit of the papilla. This depression, when present, is termed the

foveola.

52 (Fig. 831, p. 492.) Quain's nomenclature of the surfaces of the suprarenal capsules differs somewhat from that of Toldt. According to the former authority, the posterior surface of the left capsule " is divided into two parts by a prominent vertical ridge, the area mesial to the ridge looking inwards and backwards and resting upon the left crus of the diaphragm, and the lateral area outwards as well as backwards against the kidney" ("Anatomy," 10th ed., vol. iii., part iv., p. 303). The mesial of these two areas is the facies posterior of Toldt; the lateral is named by him basis glandulæ suprarenalis. Similarly in the case of the right capsule, the posterior surface, according to Quain, consists of two areas : one, the upper and larger, in contact with the diaphragm, being identical with the facies posterior of Toldt; the other, lower and smaller, in contact with the kidney, called by Toldt the basis. aspect of the right capsule is, however, not shown in the Atlas.

between the peripheral extremity of Henle's looped tubule and the commencement of the collecting tubule, called in Germany the Schallstück (intermediate portion), "because it is, in a sense, intermediate between the secretory and the excretory portion of the tubule" (Toldt), comprehends the irregular or zigzag tubule, the second convoluted tubule, and the junctional

tubule, of English authors.

** (Ibid.) This comprises the descending tubule of Henle, the loop of Henle, and the ascending tubule of Henle, of English authors.

45 (Ibid.) The term straight tubule, as used by the author, includes all the tubules forming part of the pyramids and the medullary rays, whether these are descending and ascending tubules of Henle, collecting tubules, or ducts of Bellini.

so Blood. Supply of the Medulla of the Kidney (Ibid.).—It will be noticed that I have written "pseudarteria recta, or vasa recta spuria" as the counterpart in the English nomen-

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clature of the author's "arteriola recta." There is, in fact, a conflict of opinion regarding the blood-supply of the medulla of the kidney. In Von Langer and Toldt's "Anatomy," 7th ed., p. 373, we find the following views expressed: "An important problem, with regard to the blood-supply of the kidney, is whether all the blood circulating in that organ, the medulla as well as the cortex, must necessarily pass through the glomeruli; for if this be so, the nutrition of the medulla is dependent on the vessels of the cortex. It is an established fact that the efferent vessels of the large glomeruli adjacent to the medulla break up into leashes of straight vessels, arteriola recta, which are continued into the capillary plexus of the pyramids of Malpighi, The question arises, whether, in addition to these vessels proceeding from the glomeruli, other arterioles, directly derived from the arterial arches, supply this capillary plexus. We may answer with considerable confidence that, even if such a direct arterial blood-supply to the pyramids exists, the blood thus conveyed would be insufficient in quantity, and that the nutrition of the pyramids is, in any case, dependent to a notable extent upon the bloodvessels of the cortex." Quain, on the other hand, writes ("Anatomy," 10th ed., vol. iii., part iv., p. 202): "The efferent vessels from the lowermost glomeruli break up wholly into pencils of straight vessels (pseudarteria recta), which pass directly into the boundary layer of the medulla, and there supply the continuation downwards of the medullary rays into the pyramid. . . . With the exception of the blood brought by the false arteriæ rectæ, the blood-supply of the medulla is to a great extent independent of that of the cortex, although, of course, the capillary network is continuous throughout. The pyramids are chiefly provided with blood by branches which come off directly from the concave side of the arterial arches, and passing down into the boundary layer of the medulla there divide to form bunches or pencils of parallel or slightly diverging minute vessels (arteria recta), which, by alternating with the bundles of uriniferous tubules which are passing up to the cortex to form the medullary rays, produce the characteristic streaked appearance of this part of the pyramid." To sum up: In Toldt's view the blood-supply of the medulla is principally dependent on that of the cortex, and the existence of a direct blood-supply to the medulla must even be regarded as doubtful; whereas, according to Quain, though the existence of a cortical element in the blood-supply of the medulla (by means of the false arteriæ rectæ) is admitted to be "an established fact," the direct element in the blood-supply of the medulla (by means of the true arteriæ rectæ) must be regarded as having considerably greater importance. Other English authorities-Foster, Halliburton, and Macalister-are in agreement on this question with the views of Schäfer and Symington as set forth in Quain's "Anatomy." Foster, indeed, lays especial stress, from the physiological point of view, on the fact that "the blood-supply of the pyramids, consisting chiefly of conducting tubules, is to a very large extent distinct from that of the cortex, where the tubules are chiefly secreting tubules" ("Physiology," 5th ed., p. 665). Macalister calls the true arteriæ rectæ recurrent straight branches, or vasa recta vera; and the faise arteriæ rectæ vasa recta spuria.

si (Fig. 836, p. 494.) "The iliacosubfascial fossa is a roomy recess or pouch of the peritoneum met with as a very rare variety in the inner part of the iliac fossa. When present, it is formed in the following manner: The tendon of the psoas parvus muscle, as it passes to its insertion into the iliac fascia covering the iliopectineal line and eminence, separates a little from the iliacus muscle, forming a hollow, which extends for a certain distance inwards behind the psoas magnus muscle. The parietal peritoneum, as it coats the interior of this hollow,

necessarily forms a peritoneal recess or pouch, and this recess, if, as usually when present, it is on the left side, is occupied by the lowermost portion of the descending colon" (Von Langer and Toldt's "Anatomy," 7th ed., p. 466).

58 Cervix or Neck of the Bladder (Fig. 839, p. 496) .- This

name is given by English anatomists to that portion of the bladder immediately in front of the base, at the junction of the organ with the urethra. The term is not used by Toldt. Other terms employed by English anatomists and not by the author, in describing the bladder, are given in note ⁶¹

below.

59 *Tendinous Arch of the Pelvic Fascia (Figs. 840, 841, p. 497).-" The origin of the visceral layer of the pelvic fascia and of the rectal and anal fasciæ (see note 106 below) from the parietal layer of the pelvic fascia or obturator fascia takes place along a tendinous band that runs across the lateral wall of the pelvis, the arcus tendineus fasciæ pelvis. This is seen as soon as the parietal peritoneum and the delicate subserous areolar tissue have been removed. It begins in front behind the pubic symphysis, at the level of the inferior pubic or subpubic ligament, runs backwards, crossing the upper part of the levator ani muscle about an inch below the obturator canal, towards the spine of the ischinm, and can be traced yet further backwards, though thinner and less defined, on the surface of the coccygens muscle, and as far as the fourth sacral vertebra. The foremost portion of this tendinous arch, which has a well-defined edge, is called ligamentum puboprostaticum (pubovesicale) medium-the anterior true ligament of the bladder, or puboprostatic ligament; this ligament, with its fellow, bounds a deep hollow behind the symphysis, tovea pubovesicalis-the *pubovesical fossa-at the bottom of which the dorsal vein of the penis is seen entering the pelvis and dividing into two lateral branches. . . . Flattened bands of fibrous tissue, reinforcing the pelvic fascia, and radiating from the tendinous arch unwards near the entrance of the obturator canal (often. however, but slightly developed), receive the name of ligamentum puboprostaticum (pubovesicale) laterale-the lateral true ligament of the bladder" (see Fig. 924, p. 533).-Von Langer and Toldt's "Anatomy," 7th ed., pp. 444, 445. This passage shows that Toldt's arcus tendineus fasciæ pelvis corresponds with the white line of the pelvic fascia of English authors; but also that the former term is used in a more comprehensive sense that the latter.

60 Pubovesical Muscle (Fig. 840, p. 497).—See Qnain's "Anatomy," toth ed., vol. iii., part iv., p. 213, and Macalister's "Anatomy," p. 447. By the latter authority these unstriated muscular fibres connecting the anterior wall of the bladder with the back of the pubis and with the prostate gland (in the male) are called puboprostaticovesical fibres.

61 Boundaries of the Trigone of the Bladder (Figs. 842, 843, p. 498).—The base or posterior boundary of the trigone is formed by a curved elevation of varying prominence connecting the summits of the preteric orifices, and known as Mercier's bar; it corresponds in position with a muscular band which joins these orifices to one another and to the neck of the bladder. At its outer extremities Mercier's bar is continuous with the ureteric folds, above and outside the ureteric orifices; these folds are supposed to act as valves preventing the regurgitation of urine into the urethra. The ureteric folds are continued downwards by the lateral boundaries of the trigone, two faint ridges which converge to the lower extremity of the uvula of the bladder and the back of the prethral orifice. These ridges correspond, like Mercier's bar, to muscular bands, which in this case, however, belong to the internal layer of longitudinal fibres, and they are known as

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Bell's muscles. Behind Mercier's bar there is often, especially in old age, a depressed area, the post-trigonal pouch.

42 *Urethral Ring (Fig. 842, p. 498).-" The internal orifice of the urethra, oriticium urethra internum, is seen, in the contracted bladder, to be surrounded by a circular elevation of the mucous membrane, annulus urethralis, dependent on the great development in this region of the circular layer of the muscular coat. When the bladder is greatly distended, the prethral ring is hardly discernible" (Von Langer and Toldt's "Anatomy," 7th ed., p. 376). This is the sphnieter vesica (internus) of some authors. Griffiths states there is no thickening of the circular fibres in this situation sufficient to justify the use of the term sphincter ("Observations on the Urinary Bladder and Urethra," Journal of Anatomy and Physiology, 1891). These fibres at the base of the prostate are called by Macalister sphincter vesica internus to distinguish them from an envelope of striated muscle fibres surrounding the urethra at the atex of the prostate, and called by Macalister sphincter vesica externus.

63 (Ibid.) Toldt distinguishes the colliculus seminalis as the middle thickened section of the crest of the urethra, in which the prostatic utricle opens. In England, however, the names colliculus seminalis, verumontanum, and caput gallingginis, are commenty employed as alternative names for the

whole length of the crest of the urethra.

64 (Ibid.) Known also as the prostatic sinus, prostatic

vesicle, sinus pocularis, and uterus masculinus.

** *Crest of the Female Urethra (Fig. 843, p. 408).—" The mucous membrane of the female urethra exhibits in the median line of the posterior wall a longitudinal prominence, crista urethralis, which can be traced from the internal to the external orifice" (Von Langer and Toldt's "Anatomy," 7th ed., p. 409). This is the most prominent of several longitudinal folds in the female urethra. It is mentioned by Quain and Macalister, but not named.

45 (Fig. 845, p. 500.) Known also as Duverney's gland, or the suburethral gland. The latter name, though suitably applied to Cowper's gland, is given to Bartholin's gland only on the ground of its homology with Cowper's gland.

47 Os Uteri Externum (Ibid.).—This is commonly spoken of by clinicians as the os uteri, without qualification, though the word externum is properly added to distinguish it from the os uteri internum. The external os was in former times called the os tincα, from its supposed resemblance to the mouth of a tench.

** Fascial Coverings of the Testicle and Spermatic Cord (Figs. 846, 847, p. 501).—The names given to these are various and conflicting. According to the best-established nomenclature of English anatomists, the covering derived from the intercolumnar fibres of the external oblique muscle of the abdomen is called the intercolumnar or spermatic fascia. Next within this comes the cremaster muscle and the aponeurotic layer connecting its fibres, to which, considered as a whole, Quain gives the name of cremasteric fascia. Thirdly, within this, we come to the covering derived from the transversalis fascia, and generally known in England as the infundibuliform fascia. But the divergencies from the nomenclature just given are manifold. Taking Toldt first, we find he gives the name of lascia cremasterica (Cooperi) to the intercolumnar or spermatic fascia of English anatomists; and the name of tunica vaginalis communis testis et funiculi spermati to the infundibuliform fascia of English anatomists. (In England the use of the term tunica vaginalis is entirely restricted to the serous sac of the testicle.) Macalister further complicates the use of the term cremasteric by describing as the tunica cremasterica, all three of the fascial

layers enumerated at the beginning of this note, "which are so closely united as to be with difficulty separable from each other," It will be noted that Toldt appends the name of Astley Cooper to the layer he terms "cremasteric," but this is a further divergence from English usage. By the term tascia propria of Astley Cooper we denote, in England, the penultimate covering of an oblique inguinal hernia, that next to the peritoneum, which consists of the combined intundibuliform fascia and the subserous areolar tissue between that fascia and the peritoneum. As a final alternative in the nomenclature of the fascial layers in this region, I give that of Young (U.S.), who enumerates the coverings of the cord as consisting of (1) external spermatic or intercolumnar Jascia, (2) cremaster muscle, and (3) internal spermatic fascia or Jascia propria. From this medley, the student will do well to select and impress on his memory the distinctive names of intercolumnar foscia, cremasteric fascia, and infundibuliform

69 Hydatids of Morgagni (Fig. 848, p. 502),-"On the upper extremity of the testis and beneath the head or globus major of the epididymis is situated a hemispherical body of varying size, consisting of delicate and very vascular connective tissue, and often containing the remnant of a duct. This is known as the sessile hydatid of Morgagni, or appendix testis (Morgagnii), and is the rudiment of the cephalic extremity of the fœtal Müllerian duct. Similar but smaller stalked bodies are frequently met with on the head or globus major of the epididymis, and are termed pedunculated hydatids, appendices epididymidis" (Von Langer and Toldt's "Anatomy," pp. 383, 384). The terms sessile and pedunculated hydatid are employed by Macalister, but not by Quain; the latter authority uses appendix of the testicle as an alternative name for the (sessile) hydatid of Morgagni. Some authorities call it corpus Morgagni. For the development of these structures from Müller's duct, see Figs. 896, 897, p. 520.

in *Ligaments of the Epididymis (Fig. 840, p. 502).—The epididymis is attached to the posterior border of the testicle (1) by the efferent ducts passing from the gland to the head or globus major of the epididymis; (2) by a duplicature of the tunica vaginalis containing numerous bloodvessels passing between the testicle and the posterior border of the epididymis; (3) within the digital fossa (sinus epididymidis) are two strands of fibrous tissue covered by reflections of the tunica vaginalis connecting the upper and lower ends respectively of the body of the epididymis with the testicle. It is these last that are called by the author *superior and interior ligaments of the epididymis. The names are not used by Onain or Macalister.

11 Vas Aberrans (Fig. 851, p. 502).-" The so-called ductulus aberrans is a tube with a blind termination, which opens by its proximal extremity into the canal of the epididymis near the tail of that organ. Coiled tightly, it forms a small lobe not attached to the testicle proper; but occasionally also it is seen as a straight tube of varying length. It is a glandular canal, and represents that part of the Wolffian body which was not used up in the formation of the head or globus major of the epididymis. A similar canal, ductulus aberrans superior, is sometimes met with attached to the head or globus major of the epididymis. This, however, is attached to the testicle, and is merely an efferent duct which has become strictured off from the canal of the epididymis, and has thus lost its connexion with the head of that organ" (Von Langer and Toldt's "Anatomy," 7th ed., p. 383).

12 Lobes or Lobules of the Epididymis (Fig. 854, p. 503).

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—Toldt by this term denotes the coils of the various efferent ducts of the testicle. These, however, form the coni vasculosi of English anatomists, who use the term lobes of the cpididymis to denote the larger masses of the coiled canal of the epididymis, these lobes or masses being separated by incom-

plete transverse fibrous partitions.

¹³ Middle Lobe or Isthmus of the Prostate Gland (Fig. 858, p. 504).—This is that portion of the prostate gland lying between the ejaculatory ducts and the neck of the bladder; its forward projection lies beneath the uvula of the bladder. The term isthmus, though not commonly employed in England, is preferable to middle lobe, for it is only in pathological senile enlargement of the prostate that the organ becomes distinctly trilobate. The middle lobe of the prostate gland is sometimes also known as Home's lobe.

74 (Fig. 86, p. 505.) The outer fibrous coat of the prostate gland is derived in part from the visceral layer of the pelvic fascia and the deep layer of the triangular ligament of the urethra, and in part from a dense but thin fibrous layer peculiar to the prostate beneath the outer fascial investment. To the compound fibrous coat thus formed Macalister gives the name of pelviprostatic capsule, expressing its joint origin. The prostatic plexus of veins ramifies between the two layers of this capsule; and immediately beneath the inner layer is the external layer of unstriated muscular fibres to which Toldt gives the name of musculus prostaticus.

¹⁵ Divisions of the Cervix (Fig. 873, p. 511).—Most authorities are in agreement with the author in his division of the cervix uteri into two parts only—vaginal and supravaginal. Schroeder, however, speaks of three portions—infravaginal, intermediate, and supravaginal. (See Hart and Barbour's "Gynecology," 3rd ed., pp. 16, 17.)

¹⁸ (Figs. 873, 874, p. 511.) The mesovarium, or mesentery of the ovary, is the bilaminar fold of peritoneum by which the ovary is attached to the broad ligament of the uterus.

(See also note 82 below.)

"Position of the Overy (Fig. 873, p. 511).—Owing to the manner in which the broad ligament has been drawn out to its full length, the ovary has been pulled into a horizontal position, differing from that it normally occupies in the body, in which, according to some authorities, its long axis is oblique, according to others, vertical. Hence in situ the tubal extremity becomes superior; the uterine extremity inferior; and the surfaces, here represented as directed upwards and downwards, become external and internal.

¹⁸ Vaginal Fornix (Figs. 873, 874, p. 511).—This is the upper portion of the vagina, surrounding the vaginal portion of the cervix. Most English anatomists, however, speak, not of the vaginal fornix as a whole, but of its four parts: anterior fornix, posterior fornix, and right and left lateral

fornices.

¹⁰ Bursa Ovarica (Fig. 874, p. 511).—This term is not used by Quain. Macalister describes it as a pouch at the back of the broad ligament of the uterus in which the ovary lies, between the ovariopelvic ligament (ligamentum suspensorium ovarii, according to Toldt's nomenclature—see also note ⁸, p. 511) and the rest of the broad ligament. The ovarian bursa must be distinguished from the ovarian fossa or fovea (fossa ovarii, Quain), which is a recess in the parietal peritoneum on the lateral wall of the pelvis, corresponding to the external surface of the ovary, and situated between the external and internal iliac arteries in front of the sacro-iliac articulation; the ovarian fossa is often bounded behind and below by the preter.

⁸⁰ (Fig. 875, p. 512.) Owing to the irregular, torn appearance of the *fimbriated extremity* of the Fallopian tube, sur-

rounding the abdominal orifice, this orifice was by ancient anatomists named morsus diaboli.

** (Ibid.) English anatomists usually speak of separate uterine and vaginal venous plexuses. These, of course, communicate somewhat freely; but on the whole the venous blood from the body of the uterus passes by means of the uterine plexus to the ovarian or pampiniform plexus and the inferior vena cava, that from the neck of the uterus and the vagina by means of the vaginal plexus to the internal iliac vein.

82 Mesometrium, Mesovarium, and Mesosalpinx (Figs. 875, 876, p. 512).-As these terms are not employed by all English authorities, I append a description from Von Langer and Toldt's "Anatomy," 7th ed., p. 401: "That portion of the broad ligament of the uterus which passes to the lateral wall of the pelvis, there to become continuous with the parietal layer of the peritoneum, conveys the vessels and nerves and the round ligament to the uterus, and is therefore called the mesentery of the uterus or mesometrium; that part of the broad ligament which lies between the ligament of the ovary and the Fallopian tube, sometimes rising above the plain of the pelvic inlet, and terminating laterally in a free border (the infundibulo-ovarian border) is the mesentery of the Fallopian tube, or mesosalpinx; and from this there branches off backwards the short mesentery of the ovary, or mesovarium." (See Fig. 876.)

83 *Corpus Albicans (Fig. 876, p. 512).—This name is given to the white, stellate mass of scar tissue into which the

corpus luteum is ultimately transformed.

is Parametrium (Fig. 881, p. 513).—This name was first given by Virchow (Archives, No. xxiii.) to that part of the subserous connective tissue of the pelvis, abundantly supplied with bloodvessels and lymphatics, that lies beside the cervix and the upper part of the vagina, and between the layers of the broad ligament of the uterus at its lower and inner part. The term parametrium is rather a clinical than an anatomical one, and since, as Spiegelberg points out ("Midwifery," Eng. ed., vol. i., p. 43), the name conveys the idea of a definite organ whilst there is no line of demarcation between the parametric and the parawaginal, paravesical, and pararectal tissue, the name parametric connective tissue is to be preferred.

** (Ibid.) The anal fascia is continued in front into what is called (in the male) the deep or superior layer of the triangular ligament of the urethra, and by Macalister called the subpubic fascia. The name anal fascia is limited to that part which forms the inner wall of the ischiorectal fossa.

86 Rectal Fascia (Ibid.).—This appears to be the most suitable English equivalent for the author's fascia diaphragmatis pelvis superior, the fascia covering the upper surface of the

levator ani muscle.

Pelvic Diaphragm (Ibid.).—In this the author includes, in addition to the coccygeus or levator coccygis and levator ani muscles, the superior and injerior jascia of the pelvic diaphragm—i.e., the rectal and anal jascia of English

anatomists. (See also notes 85 and 86.)

** (Fig. 883, p. 514.) Skene's tubules (ductus paraurethrales) are two canals running parallel with the female urethra on either side, beneath the mucous membrane and embedded in the muscular coat. They open either just within or just without the urethral orifice (within, probably, in the virgin, and without, in the multipara, in whom slight eversion of the urethral orifice is almost constant). Their diameter is about 1 millimetre (½ inch), and their length from 1½ to 3 centimetres (½ inch to 1½ inches), but they never extend beyond the internal orifice of the urethra. Though not distinctly glandular in character, they are often called Skene's glands.

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They were first described by Skene in the American Journal of Obstetrics for April, 1880. A third tubule, Schuller's tubule, is occasionally present in the middle line behind.

midway between Skene's tubules.

** Testibule (Ibid.).—Toldt includes in this the space at the sides of the vaginal orifice within the edges of the labia minora, as well as the space in front of that crifice. As defined by English anatomists, however, the vestibule is the triangular space of which the clitoris forms the apex, the labia minora the sides, and a transverse line through the front of the vaginal orifice the base.

** Fossa Navicularis (Ibid.).—Macalister stands alone in applying this term to the space behind the fourchette, between that fold and the posterior commissure of the vulva. By all other authorities the fossa navicularis is defined as the space in front of the fourchette, between it and the posterior margin

of the vaginal orifice.

⁹¹ Buibus Vestibuli (Figs. 884, 885, p. 515).—Though this mass of erectile tissue is commonly known in England as the bulb of the vestibule, the use of this term is altogether inconsistent, since it is only the partially detached anterior portion (pars intermedia of Kobelt) that lies in the region of the vestibule as defined by English anatomists (see note ⁵⁹ above). Hence the alternative name of vaginal bulb is to be preferred.

92 (Fig. 884, p. 515.) This venous plexus is the lower part of the vaginal plexus, which communicates freely behind with

the lower part of the hæmorrhoidal plexus.

w Morginal Lip of the Cloaca (Fig. 895, p. 520).—The name of cutaneous fold or greater cutaneous fold is sometimes given to this structure, which forms the scrotum in the male and the labia majora in the female. To avoid confusion, however, it is better to speak of it as the marginal lip, and to reserve the name fold for the genital folds (see Figs. 908-911, p. 524), which develop on each side within the marginal lip, and form in the male (by their fusion in the median line) the floor of the penile urethra, in the female the labia minora or nympha.

⁵¹ Cloaca (lbid.).—We must distinguish between the cloaca, which is the cavity formed by the united distal extremities of the alimentary and urogenital canals, and the cloacal orifice, by which the cloaca opens externally.

** Ligaments of the Wolffian Body (Figs. 898 and 899, p. 521).—A strand of fibrous tissue mixed with involuntary muscular fibres is attached to each end of the Wolffian body, the upper passing to the diaphragm, the lower to the groin. These are called superior and interior, or diaphragmatic and inguinal ligaments of the Wolffian body; the inferior or inguinal ligament in England is, however, usually known as the plica gubernatrix. As the Wolffian body becomes atrophied, the superior or diaphragmatic ligament diappears; but concurrently with the development of the genital or reproductive gland, in the female into the ovary, in the male into the testis, the plica gubernatrix becomes in the former the round ligament of the uterus, in the latter the gubernaculum testis.

** Genital Cord (Fig. 899, p. 521).—Behind the stalk of the allantois (subsequently the base of the bladder) the Wolffian ducts are closely approximated to one another before opening into the urogenital sinus (the ventral segment of the cloaca). Between and somewhat behind them lie the uniting lower extremities of the Müllerian ducts. The ducts are all embedded in a mass of connective tissue, and to the whole structure thus formed is given the name of genital

cora.

"(Fig. 919, p. 530.) The rectococcygeus muscles are bands of unstriated but 13ddish muscular tissue which passes backwards on each side of the rectum. Both Quain and Macalister describe these bands as attached behind to the front of the second and third pieces of the coccyx; but as Toldt points out, and Fig. 919 shows, the actual muscular tissue does not extend so far back as this, and the attachment to the coccyx is through the intermediation of the aponeurosis of the pubic part of the levator ani muscle.

** *Tendinous Arch of the Levator Ani Muscle (Ibid.).—

"The levator ani muscle arises for the most part from a tendinous arch in the obturator fascia, areus tendineus musculi levatoris ani, which can be traced from the ischial spine to near the obturator canal" (Von Langer and Toldt's

" Anatomy," 7th ed., p. 438).

29 Diaphragma Urogenitale (Figs. 920 and 921, p. 531).-The author's application of the term pelvic diaphragm has been explained in note 87 above. In that structure there are two apertures-a circular one in the centre for the rectum, and a triangular one anteriorly for the urogenital canal (see Fig. 918, p. 530). The triangular space between the inferior or descending rami of the pubes is, however, too large to be completely filled in by the urogenital canal, and it is occupied by a musculofibrous plate bearing the same relation to that canal that the pelvic draphragm bears to the rectum, and called by the author the urogenital diaphragm. The muscular portion of this diaphragm is by the author named musculus transversus perinei profundus, and in England constrictor or Its superficial and deep surfaces are compressor urethra. covered by fascial layers which, like the muscle, are triangular in shape, with a truncated arex anteriorly and a free base posteriorly; these constitute the bilaminar triangular ligament of the urethra of English authors. The superficial layer of this ligament, called also anterior or inferior layer, is the author's fascia diaphragmatis urogenitalis inferior; it is continuous around the posterior margin of the (superficial) transverse perineal muscle with Colles's fascia, combining with that fascia to enclose a space in which lies the root of the penis and its accompanying muscles; it thus belongs to the extrapelvic system of fasciæ. The deep layer of the triangular ligament of the urethra, called also posterior or superior layer, is the author's fascia diaphragmatis urogenitalis superior; though connected around the posterior margin of the compressor urethræ with the superficial layer of the ligament, it belongs to the intrapelvic system of fasciæ; traced backwards it is seen to be a forward continuation of the anal fascia; laterally it joins the obturator fascia. The triangular ligament as a whole is sometimes called the deep perineal fascia, but this name should be avoided, having been applied also to Colles's fascia. The name of subpubic fascia may also give rise to confusion, being applied by Macalister to the deep layer only of the triangular ligament, but by Quain to that structure in its entirety. The triangular ligament exists also in the temale, and between its layers lies the constrictor urethra or transversus perinei profundus muscle, but the *urogenital diaphragm thus formed is almost completely divided by the vagina and the urethra into lateral halves (see Fig. 921, p. 531).

100 Transverse Ligament of the Pelvis (Ibid.).—This occupies the subpublic angle adjacent to the truncated apex of the triangular ligament of the urethra, on a plane between that of the two layers of that ligament. Between the transverse ligament of the pelvis and the inferior public or subpublic ligament (ligamentum arcualum publis, according to Toldt) which occupies the apex of the subpublic angle are three foramina: a central foramen for the dorsal vein of the penis or clitoris, and lateral foramina for the dorsal artery and nerve of the penis or clitoris (see Figs. 920 and 921,

p. 531, and also Part II., Fig. 456, p. 220, and Figs. 458 and

459, p. 221).

in Transversus Perinei Profundus (Ibid).—This name is here applied to the whole triangular mass of muscle between the layers of the triangular ligament, not merely, as is sometimes the case in English works on anatomy, to the posterior strand of transverse fibres only. Other names have been applied, especially by Guthrie and by Wilson, to different strands of fibres, which they described as distinct muscles, but later English authorities agree with Von Langer and Toldt in regarding this separation as purely artificial. In the female, owing to the greater width of the subpubic angle, the muscle is wider than in the male, and the name transversus perinei profundus is obviously preferable to that of constrictor urethræ. (See Fig. 921.)

102 Internal Pudic Artery and Vein (Figs. 922 and 923 p. 532).—Macalister calls these vessels pudic without qualification. Usually, however, they are known as internal pudic, to distinguish them from the external pudic branches (superior and inferior) of the femoral vessels. Macalister calls these

latter the pubic vessels. (See also note 110 below.)

103 (Fig. 922, p. 532.) Though the author calls this the divided edge of the obturator fastia, it is, rather, the junction of the lower edge of this fascia with the lateral margins of the deep layer of the triangular ligament, the latter having been dissected off the upper surface of the transversus perinei profundus muscle. (See also notes 39 and 104 above.)

104 M. Sphincter Urethræ Membranaceæ (Ibid.).—The muscle called by the author the sphincter of the membranous urethræ consists merely of the circular fibres of the transversus perinei profundus muscle (see note 101 above) immediately surrounding the membranous part of the urethræ.

iss *Pudendal Venous Plexus (Fig. 923, p. 532).—This term is not employed by English anatomists. Von Langer and Toldt ("Anatomy," 7th ed., p. 550) write: "The pudendal plexus receives beneath the symphysis the dorsal vein of the penis or clitoris, and, running back beside the base of the bladder and in the female beside the vaginal receives in both seves the blood from the vesical plexus, and in the female also the blood from the uterine and vaginal plexuses. The pudendal plexus opens by several large vessels into the internal iliac vein." From this account it is evident that the pudendal plexus of these authors is made up of veins belonging in the male to the prostatic and vesical plexuses, and in the female to the vesical, vaginal, and uterine plexuses, of English anatomists.

100 Fascia Endopelvina (Ibid.).—Von Langer and Toldt's "Anatomy," 7th ed., p. 444: "The visceral layer of the pelvic fascia is exposed by the removal of the peritoneum and the subserous areolar tissue from the parietes of the bladder and the rectum. It is given off along the white line of the pelvic fascia [see note *s above] from the parietal layer of that fascia (obturator fascia), and, reaching the bladder, gives a complete fibrous investment to its anterior and lateral surfaces. Along the white line, the visceral layer is connected with the rectal fascia (fascia diaphragmatis pelvis superior), but as they pass inwards the two layers separate, the rectal fascia, following the levator ani, the upper surface of which it covers, dips deeply into the pelvis, whilst the visceral layer stretches transversely across to the bladder. Thus, between the rectal fascia and the visceral layer there

exists on each side of the bladder a space, the perivesical space, in which, in addition to the ureter, the nerves of the bladder and the vesical plexus are enclosed. Behind the bladder, the visceral layer of the pelvic fascia assists in forming the pelviprostatic capsule or prostatic fascia [see note *1 above], and furnishes a delicate fibrous investment for the rectum."

I quote this passage in order to indicate clearly the significance attached in this work to the names given to the different parts of the pelvic fascia. Three layers pass inwards from the parietal layer of the pelvic fascia; the lowest of these, the anal fascia, covers the perineal surface of the levator ani; the next layer, the rectal fascia, covers the pelvic surface of that muscle: these correspond with the superior and interior fasciæ of the pelvic diaphragm in the author's nomenclature. The uppermost layer is that described in the above extract as the visceral layer of the pelvic fascia. The relative positions of the three layers are well shown in Fig. 923. It will be noticed that I have avoided the use of the term rectovesical fascia, which is in England applied, sometimes to all three of the layers just enumerated, sometimes to one or two of them separately considered, and this gives rise to much confusion, The complexity that is apt to surround the description of the pelvic fascia is also, doubtless, in part dependent on the fact that, as Macalister says, "much of the definiteness of these layers in the adult is created by the knife and forceps" (" Anatomy," p. 446).

107 Hypogastric Artery (Fig. 924, p. 533).—In the German anatomical nomenclature, the common iliac is said to divide into the external iliac and the hypogastric arteries. In England, however, the name hypogastric artery is given to that branch of the internal iliac artery which at the navel becomes the umbilical artery. When the placental circulation ceases, it is obliterated, and is represented in the adult by a fibrous

cord.

108 *Corpus Spongiosum Urethræ (Fig. 927, p. 535).—This term, as applied to the female urethra, is not found in any works on anatomy to which I have access, not even in Von Langer and Toldt's "Anatomy." Quain (op. cit., vol. iii., part iv., p. 258) writes: "Outside the submucous areolar tissue of the female urethra, there is a highly vascular structure, in which are many large veins"; and according to Macalister (op. cit., p. 454): "Outside the mucosa [of the female urethra] is an elastic vascular submucosa covered by an imperfect erectile lamella. The use of the name corpus spongiosum urethræ for this erectile tissue is to be deprecated, suggesting as it does homology with the corpus spongiosum urethræ of the male. The counterparts of this structure in the female are the vaginal bulbs and the partes intermediæ of Kobelt. (See Figs. 884 and 885, p. 515, and note "i above.)

100 Rectal Ampulla (Fig. 932, p. 538).—This is the portion of the rectum, usually dilated, situate immediately above the anal canal. According to Macalister, the upper boundary of the ampulla is the lowest of Houston's valves; according to Quain, however, the middle one of these three folds (the plica transversalis recti of Kohlrausch—see note 11 above). The rectal ampulla is sometimes known as the ampulla analis recti.

110 (Ibid.) The pudic vessels run in a canal formed by the obturator fascia, shown here (and also in Fig. 922, p. 532) in cross-section, and known as *Alcock's canal*. For the nomenclature of these vessels see note ¹⁹² above.

TO THE

SPLANCHNOLOGY



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Certain names in this Index have an asterisk (*) prefixed; these, as more fully explained in the Translator's Prefixee, being terms that form part of the English nomenclature used in this work, but which are not commonly employed by English anatomists. To other names a dagger (†) is prefixed; these are Latin names used by the author in the original work, but not included in the official nomenclature of the "Anatomische Gesellschaft." Abbreviation; App. = Appendix.

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ERRATUM

In the letterpress of Fig. 797, p. 468, right-hand column, "Rudiment of the uterus" is a misprint for "Rudiment of the uteter."—TR.









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